The Influence of the MIPAA in Formal Support Infrastructure Development for the Ghanaian Older Population

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Abstract. Older people have a variety of needs even in the midst of extended life. However, the once buoyant safety net of the traditional social support system is failing. Societies worldwide have moral codes and normative expectations for the protection, nurture and support of older people. In some societies, these are backed by statutes and enforcement. The paper explores the extent to which MIPAA adoption has facilitated the creation of enabling and supportive environments for the formal development of a support infrastructure for older persons in Ghana. It argues that the adoption of the MIPAA is reflected in policy promulgation and implementation such as the national disability policy, national social protection policy, National Health Insurance Scheme, and national ageing policy, among others. The concomitant actions were executed by various stakeholders, both governmental and not. The implementation of these policies took the form of social services provision, which yielded old age entitlement outcomes such as livelihood empowerment against poverty, healthcare, the elderly welfare card (EWC), and property rebate. These entitlements address older people's needs in diverse ways, namely economic security and healthcare, and are age- and needs-based. The paper also argues that the adoption of the MIPAA has influenced the state development of a support infrastructure in a variety of expected and unexpected ways. The transformation of aspects of an old age-oriented support infrastructure has equally left visible imprints on the modicum of the support mechanism. Yet, still more needs to be done, namely the government should establish state-owned old people's homes including the institution of non-contributory pensions.

***Keywords*:** Older people, Informal support system, MIPAA, Policy, Formal support infrastructure.

Introduction

Old age is an inevitable stage of life for every human being who does not die prematurely; some may say that so it retirement, but perhaps in a different way. Older people's lives are

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characterised by stability, at least in financial terms: those who were less well off earlier in later life remain so, and those who were affluent remain affluent. Hence, poverty remains the issue for policymakers, rather than increasing age (Burkhauser, 2001; Cooke, Hague & McKay, 2016). Formal support infrastructure development (FSI) and its concomitant essence are necessitated by population ageing, longevity, and declining extended family support systems (Aboderin, 2004; Palloni & Pinto, 2014; Dovie, 2018a).

It is undertaken by both state and non-state organisations. The state organisations are constituted by the state and its allied institutions such as the Ministry of Gender, Children and Social Protection (MGCSP), Tema Metropolitan Assembly (TMA), etc. The non-state institutions comprise the Evangelical Presbyterian Church, NGOs, and a host of others (Dovie, 2016).
The aim of the paper is fourfold: to articulate progress made in the implementation of MIPAA Ageing agreed to at the Second World Assembly on Ageing in 2002 by analysing the existing policy environment as facilitated by MIPAA adoption; second, to examine the financial security dimension of FSI development in Ghana presently; thirdly, to explore residential and living arrangements for older adults; and finally, to identify gaps and make recommendations for the way forward.

Background: The Ghanaian case of older adults' needs

Older people's needs may include but are not restricted to services, housing, leisure and transport (Bedall, Belworthy, Mason, Williams, Billings & Hatzidimitriadou, 2006). Hence, the notion of FSI development synchronises with old age entitlements and/or needs in old age. From recent projections, older persons in Africa could account for four and a half percent (4.5%) of the continent's population by 2030, and could reach nearly ten percent (10%) by 2050 (Aboderin, 2006; UN, 2017). This suggests that by 2100, Africa would be more populated than China, making it appropriate to look at ageing in Africa now. Aboderin (2006) notes that despite these figures that put ageing as a long-term process for Africans, there is the need to recognise that there are Africans who are ageing, and the traditional social system that used to be in place is rapidly collapsing, most likely due to the changes in our societies and way of living.

Increased life expectancy (Apt, 2007; Zaidi, 2015) pertains. De-Graft Aikins, Kushitor, Sanuade, Dakey, Dovie & Kwabena-Adade (2016) contend that inadequate financial planning for retirement is a key challenge among formal and informal sector workers, which may compound the notion of overdependence documented among older persons, including those living with chronic conditions. The weakening of the extended family support system (Van der Geest, 2002; Aboderin, 2006; Apt, 2007; Doh, Afranie & Bortei-Doku Aryeetey, 2014; Ayete-Nyampong, 2015; Dovie, 2018a) is also an issue of concern. Aboderin (2006) lamented that "the family support system, as it has developed and operates today, can no longer be counted upon to provide sufficient economic protection for the old" (p. 157). The effect of the decline in extended family support is due to the fact that very few people in the developing world entering old age - especially in Africa - have

access to pensions, leaving the great majority depending on family for financial support (Dovie, 2018a).

These facts collectively underpin the need for the provision of social services (Apt, 2007) and/or old age entitlements by governments, institutions and other stakeholders for older adults. This aligns with the adoption viewpoint from the Madrid International Plan of Action on Ageing (MIPAA). Holzmann and Stiglitz (2001), Aboderin (2006), Ayete-Nyampong (2015) and Dovie (2018a) maintain that developing countries including Africa and Ghana lack resources and FSI. The United Nations Development Programme (UNDP) (2016) argues that, notwithstanding their demographic significance, older adults remain unrecognised by international development programmes, policy, and discourse. In consequence, low-and-middle-income countries have fallen behind in developing capacities to address the needs of their ageing populations (World Health Organisation, 2018). These needs are wide-ranging and cover the associated high rates of poverty and a higher risk of vulnerability among older persons, particularly among older women (Bell, Patel, Patel, Sonani, Badheka & Forman, 2016). Aboderin (2006) further demonstrates that "despite the evident inadequacies in family support, the vast majority of older people have no recourse to any formal economic security" (p. 11). She adds that material deprivation and neglect among older people have increasingly emerged as visible social problems, especially in urban areas. From the above, therefore, to what extent has the adoption of the MIPAA facilitated the development of formal support infrastructure in Ghana?

Adoption of MIPAA in Ghana

The Second World Assembly on Ageing - held in Madrid, Spain between the 8th and 12th of April 2002 - yielded an agenda in relation to improving the wellbeing of older persons globally, regionally and nationally (Sidorenko, n.d). A systematic review of the adoption of the MIPAA in Ghana shows that the Vienna Plan of Action on Ageing was aimed at thinking through policy formulation and ageing (Bannerman, 2002; Aboderin, 2006;). The Madrid International Plan of Action on ageing reiterates that it is the general primary responsibility of governments to implement policies to enhance and guarantee the welfare of older people, to enable them to contribute fully to - and benefit from – development, and so to promote the development of society for all ages (UN, 2002:1). The Millennium Development Goals (MDGs) categorically craved the indulgence of governments to "develop and implement policies aimed at ensuring that all persons have adequate economic protection in old age" (p. 19). This means to achieve "sufficient minimum income for all older people, paying particular attention to socially- and economically-disadvantaged groups" (p. 20) is essential. Noteworthy is that the Sustainable Development Goals (SDGs) also espouse similar objectives.

It has been projected that the number of older people aged sixty-plus (60+) worldwide will increase more than three folds to approximately two billion, of which eighty per cent (80%) (1.6 billion) will live in less developed countries (UN, 2005; Aboderin, 2006). Africa may experience much slower population ageing than other less developed nations due to high fertility and mortality levels (Aboderin, 2006). In Ghana, the number of people aged sixty-

plus (60+) will increase from one million to six million in 2050 and those aged eighty-plus (80+) will increase from 100,000 to approximately 600,000 in 2050 (Mba, 2004; Ayete-Nyampong, 2015). Ghana's older population of sixty five-plus (65+) was at five per cent (5%) based on the 2000 Population and housing census (Ghana Statistical Service (GSS), 2014). Some of these citizens may require either short-term or long-term care (Ponnuswami & Rajasekaran, 2017), institutionally and non-institutionally.

That said, MIPAA adoption is a mechanism that has facilitated state involvement in funding and managing of older persons' welfare through FSI development, thus supplementing the weakened informal support system. Following the adoption of the MIPAA in addressing these basic needs is imperative especially in view of increased life expectancy, population ageing, and failing informal support systems. Significantly, its objectives aim to ensure the creation of enabling and supportive environments towards improvement in older people's quality of life. In fulfilment of the MIPAA protocol, the government of Ghana sought to create an enabling environment in order to address the needs of older persons from a broad range of areas.

State policies and formal support infrastructure development

From a policy dimension, the disability policy, national social protection policy (NSPS), national ageing policy and the senior citizens day are discussed in this section.

Ghana National Disability Policy

The Ghana National disability policy was promulgated in 2005. Its purpose was to safeguard the welfare of older persons and the disabled. The policy centres on the welfare of the disabled including affected older persons. It addresses a myriad of issues pertaining to the rights of persons living with a disability, their employment, education, transportation and the healthcare system (Ghana Country Report (GCR), 2007).

National Social Protection policy (NSPP)

The social protection policy provides a good opportunity to demonstrate action on Ghana's endorsement of the Sustainable Development Goals (SDGs), in particular, goal one, which commits the nation to working assiduously to end poverty in all its forms everywhere in the country (GCR, 2007). The NSPP's short-term objective focuses on rehabilitation, restoration, protection, and facilitation. This includes the implementation of five flagship programmes, namely, the Livelihoods Empowerment against Poverty (LEAP), the Labour Intensive Public Works (LIPW), the School Feeding Programme (SFP), the National Health Insurance Scheme (NHIS) Exemptions, and the Basic Education Capitation Grants and elderly welfare card (EWC) (Handa, Park, Osei Darko, Osei-Akoto, Davis & Diadone, 2013). The medium-term efforts of these are preventive and promoting, whereas the long-term orientation is transformation (GCR, 2007). The strategic imperatives of the policy are coordination and complementarity; emergency assistance; social welfare and facilitation of services; productive inclusion; decent work; capacity and capability building; and mainstreaming gender and disability issues in social protection (GCR, 2007; Abebrese, 2012; MGCSP, 2015). Out of the above-indicated programmes, the LEAP, NHIS and EWC

are directly related to the aged and their concomitant needs. These have been discussed in subsequent sections. Others entail property rebate, residential, or institutional homes. These constitute the key pillars of formal support infrastructure development in Ghana.

National ageing policy

The national ageing policy aims at promoting the social, economic and cultural re-integration of older persons into mainstream society in order to enable them to fully participate in national development as well as social life, while not ignoring their fundamental rights. From a strategic viewpoint, the policy stipulates the creation of a national coordinating institution on ageing; the provision of comprehensive healthcare programmes entailing professional carers for older persons at the community, regional, and national levels; promotion of employment of older persons as well as the facilitation of the development of community care facilities such as day care centres for older persons (GCR, 2007; Government of Ghana (GOG), 2010). The latter facility has been discussed in the section on residential and living arrangements.

The policy stipulates clearly that in Ghana, old age commences at sixty (60) years, gender notwithstanding (GOG, 2010). This statement aligns with the provisions of the African Union (AU, 2002) policy framework on ageing. The policy also recommends "the facilitation of quality of life at old age, promotion of healthy ageing among the youth and support for community care. Emphasis is also placed on mental health and the special needs of older women" (GOG, 2010:11).

Senior citizens' day

Senior citizens' day was marked in October 2003 (GCR, 2007; Tonah, 2009) and every year thereafter, to the present day. The day is usually marked with the organisation of health walks and health screening exercises such as eye screening (GCR, 2007).

Financial security

The existing FSI development for older people discussed in this paper, was derived from programmes that were induced from the above-outlined policies. It takes a variety of forms namely economic security, healthcare, transportation, recreational, and living arrangements.

Economic dimension

The economic or financial security form of FSI is constituted by the LEAP and property rebate (Dovie, 2017). The government of Ghana - under the social protection strategy - implemented the LEAP and social grant schemes (GCR, 2007). This activity provided target groups including older persons with cash transfers in support of their basic needs. As previously discussed, the LEAP commenced in 2007 and was revised in 2012 (MGCSP, 2015), with the aim of decreasing poverty in Ghana and to provide a better life for the Ghanaian population. It commenced as a five (5) year-pilot programme from 2008 to 2012, comprising of financial support for orphaned and vulnerable children, people over sixty five (65) years, and people living with disabilities. It was implemented by mid-2009 and reached 81 of 170 districts with 45,000 households by 2010. Households in need are selected

on a basis of poverty status and the presence of any one of the three categories of vulnerable groups. Approximately, twenty-nine per cent (29%) of Ghana's population is poor, whereas over eighteen per cent (18.2%) are extremely poor and are targeted by LEAP at which the criteria and means of targeting have to be adhered to (Nonvignon, Nonvignon, Mussa & Chiwaula (2012).

The LEAP functions by supporting selected households with monthly cash transfer between ₵8.00 and ₵15.00 depending on the number of people in need living in the household. Cash transfers to the people with disabilities or to old persons above sixty five (65) are unconditional (Doh et al., 2014). The transfers are funded from the GOG budget. The total cost of LEAP lies between 0.1 per cent (0.1%) and 0.2 per cent (0.2%) of the total government expenditure (U.S. $4.2 million). Beneficiaries also have access to free health insurance, yet on condition that they go to the designated office in their districts to register for it (Abebrese, 2012; Doh et al., 2014; GSS, 2014). The NHIS is meant to subsidise older people's care needs (Blanchet, Fink & Osei-Akoto, 2012; Adjetey-Soussey, 2015; Adamba & Osei-Akoto, 2015).

There exists a thirty per cent (30%) property rebate for Tema residents aged sixty-plus (60+). It benefits all house owners in the Metropolis, within the stipulated age bracket. However, there are conditions attached to this benefit. First, the house must be situated in the Tema Metropolis but "the house should belong to the individual applicant in question, not that of a wife who bears the husband's name or a husband" (Dovie, 2017, p. 130). The rationale behind this is that "workers should not pay the same property rates as pensioners. This is because workers have full salaries whereas retirees live on reduced incomes" (p.130). Stated differently, this particular entitlement seeks to intimate the notion that reduced income warrants reduced property rates" (Dovie, 2017, p.131). Yet, the key challenge to its permanence is change in governments. Therefore, the TMA needs to pass a resolution and institutionalise it.

Healthcare dimension

The healthcare dimension consists of the NHIS. The GOG established the NHIS under Act 650 in 2003 (Abebrese, 2012; GCR, 2007). The scheme was launched in order to "... provide basic healthcare services to a person resident in the country through mutual and private health insurance schemes" (GCR, 2007, p. 19). The NHIS covers in-patient emergency and transfer services as well as out-patient care.

The districts of Ghana are divided into Health Insurance Communities to give all Ghanaians the opportunity to participate in the scheme. From the healthcare dimension, registration and renewal of NHIS are free for people aged seventy-plus (70+). This renders, aged seventy-plus (70+) not having to pay for medical services on a visit to public medical facilities nationwide (GCR, 2007; Tonah, 2009, Abebrese, 2012; Doh et al., 2014; Adjetey-Soussey, 2015; Ayete-Nyampong, 2015). Old age is plagued by a myriad of health challenges, namely, bodily pains and weakness, eye problems, cancers, diabetes, high blood pressure, etc (Quadagno, 2014; Adjetey-Soussey, 2015; Ayete-Nyampong, 2015; Ponnuswami & Rajasekaran, 2017) for which there is the need for regular check-ups and

treatments. Therefore, increasingly, health insurance is becoming important in assisting people to deal with their health expenditures. Significantly, it plays the role of mitigating the effects of healthcare expenditure.

This policy, however, is flawed at three distinct points namely that the 'stipulated diseases' covered by Ghana's NHIS policy does not cover all medical procedures and health services that may be required (GCR, 2007; Adjetey-Soussey, 2015; Ayete-Nyampong, 2015; Dovie, 2018b) including payment for treatment of hypertension and diabetes among others (de Boer, Bangalore, Benetos, Davis, Michos, Muntner, Rossing, Zoungas & Bakris, 2017). Yet, these are diseases that affect older persons on a single or dual basis, leaving them in a disadvantageous state. Furthermore, the NHIS fails to render age-specific disease-related services to older persons (Adjetey-Soussey, 2015; Dovie, 2018b). Rather, it offers basic healthcare services to all members. The policy does not provide similar services to people aged seventy (70) (Dovie, 2018b).

Transportation dimension

The transportation dimension comprises of the EWC - also known as the 'EBAN card' – which serves people aged sixty-five-plus (65+). Its purpose is to improve access to transportation built into the nation's Metro Mass Bus system and banking services (Dovie, 2017). It offers transportation fares at half the cost to cardholders. This facility - similar to the property rebate counterpart discussed in the following section - offers older persons financial relief in the form of reduced costs (Dovie, 2017). Retirees are also offered support in terms of access to other services, for example, "people on retirement, apart from their pension money, are linked to other social activities. Then also when they go to the bank they do not form or join the queue and they start" (Alex, 2015 cited in Dovie, 2017: 112). In other words, social protection is not necessarily giving the person the grant but also linking the person to other proposed dimensions, such as assistance. It ensures sustainability and reduction of poverty.

Recreational and living arrangements

In Ghana, the residential or institutional care home (ICH) sector emerged over a decade ago. It is a new phenomenon that is far-spreading due to the availability of the market for it, facilitated by a myriad of factors, namely, an increase in the population of older persons, increased life expectancy; changing disease patterns; changing family structures; migration and inadequate public provision of ICHs; busy work schedules; childlessness and the loss of children (Dovie, 2016). Indeed, ICHs are a relatively new concept in the Ghanaian society including some parts of Africa, implying that non-family sources of care for older people are emerging as a result of the inability of children and extended family members to care for their ageing parents and relatives (Mba, 2004). In effect, a care industry with workers from the labour market is gradually emerging in response to the dynamics of ageing and intergenerational relationship. This facility was influenced by the national ageing policy.

Dovie (2016) espouses three distinct archetype ICHs - occasional, adult day-care centres, and residential archetypes, in which case the former is informal whereas the latter two are formal. The occasional archetype takes the form of an occasional phenomenon that

encompasses the bringing together of older persons to a social gathering, where they are feted and socially interacted with for a short while. It demonstrates an interactional social activity that seeks to make older persons happy without the necessity of being in a residential facility. Consistently, Wahrendorf and Siegrist (2010) posit that when older people combine effortful social, physical, cognitive, and household activities with rest, their level of happiness increases. It also facilitates the social integration of older people into larger society. This is exemplified by the Evangelical Presbyterian Church in Ho in the Volta Region.

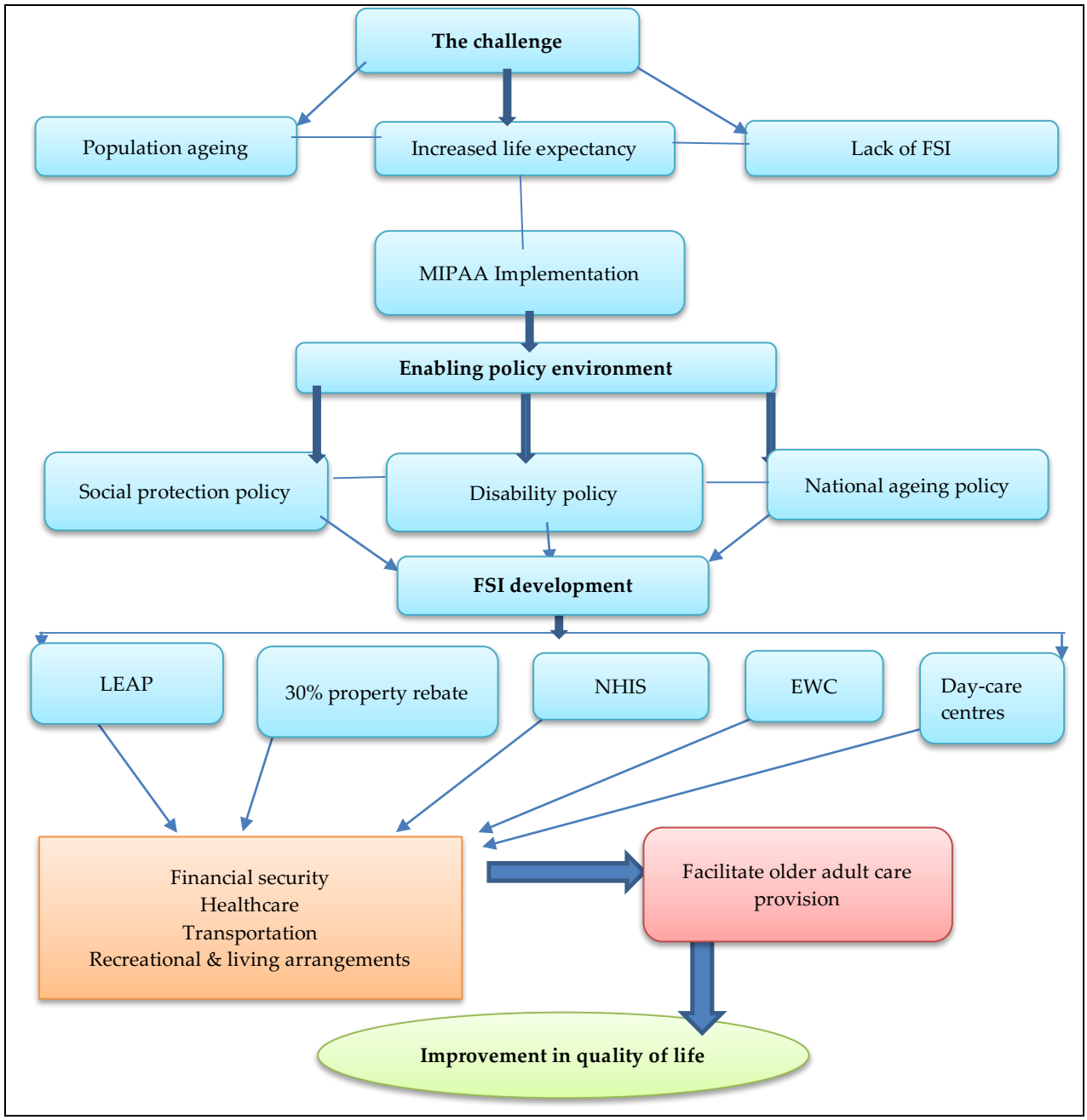
The adult day-care centre archetype depicts a context in which older persons regularly visit a given daycare centre where they eat, play games among other things, with the exception of sleeping there overnight. In this context, older people are kept busy and away from boredom and loneliness including keeping them abreast with general issues trending within their local societies and beyond, in particular on issues concerning older persons. This facilitates their old age adjustment process (Dovie, 2016). The state-owned Henri Dei Recreational Centre located at Osu is an example of this archetype. HelpAge Ghana also operates a day-care centre for older people aged sixty-plus (60+) where healthcare, including health screening, recreation, lunch as well as handicraft training are provided.

Finally, the residential archetype provides residential facilities, namely beds for overnight stay, social and recreational activities, medical care and/or health professionals (e.g. nurses, doctors, paramedics, etc), and social workers, at a fee ranging between ₵500.00 and ₵1,500.00 ($104.84-$315.52) per person per month (Dovie, 2016). This archetype is more sophisticated (e.g. Mercy Mission, CarePlus Ghana including others located at Adenta, Tema and Dzorwulu), is privately owned in Ghana, and often patronised by the affluent in the Ghanaian society. Similarly, Ponnuswami and Rajasekaran (2017) have argued that "institutional care is neither affordable nor accessible to most of the older persons because of economic concerns and poor social security assistance for older persons in our country'' (p.65).

This depicts an evolutionary pattern of ICHs from a simple form to a more sophisticated form which the residential archetype depicts. These ICH archetypes seek to herald the inception and institutionalisation of old age homes nationwide. Institutional care homes can be categorised as private and state-sponsored homes. Presently, the former is more predominant than the latter. Yet, more coverage may be fostered by state-owned ICHs, thereby infusing into the extent of accessibility. This signifies the need for state-instituted and managed ICHs nationwide.
Residential care homes also provide end of life services, periodic communion taking, and church services for inmates. These are monitored by the Department of Social Welfare, after registration with the Register General (Dovie, 2016). Care homes for older persons entail nursing homes, foster homes, group homes, and board and care facilities. Persons who have legal or contractual obligations to provide older adults with care and protection encompass staff, professionals, and paid caregivers (Sharma & Kaur, 2016). Professional training is required for the latter, to avoid various forms of physical, psychological, sexual,

and material abuse, violation of rights, abandonment, neglect, as well as self-neglect among other adults. Figure 1 below summarises the FSI developed described above.

Figure 1: Summary of incipient formal support infrastructure development in Ghana



Source: **Author, 2018**

Conclusion: MIPAA and a formal support infrastructure development for older people an alliance?

By exploration, this paper provides an overview of FSI development for the aged in Ghana, and to some extent provides a reflection on issues of core essence to older persons. Adopting the core tenets of the MIPAA and by extension addressing these basic human needs is imperative due to population ageing and increased life expectancy. Most of the state FSI, such as LEAP, NHIS, EWC, etc are programmes implemented by a buoyant MIPAA adoption-induced policy environment: the NSPS, the disability policy, and the ageing policy among others, and therefore a MIPAA agenda-oriented alliance. This alliance has facilitated the development of vital old age-related resources that have implications for the quality of life and well-being of older persons in Ghana. As De-Graft, Aikins et al. (2016) have noted, this may contribute to the socio-economic status, social and financial protection, and other forms of support for older adults.

These facilities can be grouped into the age- (e.g. NHIS, EBAN card, property rebate) and needs- (e.g. LEAP) based. In other words, some of these entitlements favour age over and above economic need (Neugarten, 1979; Quadagno, 2014). The needs-based policy option's eligibility is normally based on means testing processes (Barrientos, 2004). The development of these facilities have advanced the availability of old age support infrastructures but they have also generated controversies and debates which in a way continue to trigger new insights which are discussed in other sectors.

However, the FSI are far developed and largely disjointed due to their age-based orientations, exemptions, and dimensions. Besides, Doh et al. (2014) maintain that the "lack of uniformity has negative consequences for planning and implementing programmes for older persons" (p. 33) particularly in the case of NHIS exemptions. Therefore, these do not provide a holistic picture of the development of FSI and associated old age security in Ghana, but have implications for policy re-orientation in terms of the way forward.

In conclusion, FSI development takes a variety of forms namely economic security, healthcare, transportation, and recreational and living arrangements. The discussion in this paper addresses aspects of sustainable development goal nine, focusing on the promotion of infrastructure development. It also concentrates on ending forms of poverty for the poorest and most vulnerable including older persons.

The way forward

In this regard, the issues raised are diverse. First, NHIS exemptions must be removed and are to include and widen the number of diseases in the scheme concerning the aged. Second, since the NHIS is meant to subsidise older people's care needs, non-communicable diseases (NCDs) should be covered by NHIS exemptions. Third, because of the limited number of health service providers, the government must train more geriatric health professionals with the requisite incentives (e.g. scholarships and immediate employment thereafter). Fourth, the state needs to institute 'state-owned' ICHs for older adults nationwide for wider coverage. Fifth policies must be instituted to guide the operations of ICHs including the promulgation of a code of ethics to guide these homes to guard against the potential abuse of their residents. Sixth, the University of Ghana's Centre for Ageing

Studies should be mandated to provide module programmes for institutional caregivers ranging from certificate courses, to short courses, all the way to postgraduate degree level. Seventh, as the government does for children, a memo could be written to solicit care reform for older persons. Finally, the government should institute monthly old-age allowances for healthy and strong older persons to be employed within government-sponsored ventures, such as street cleaning and handicraft, to enable the earning of added income which will help alleviate financial predicament of older women as the ageing policy suggests.

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