Africa Aging: 2020

International Population Reports

Wan He, Isabella Aboderin, and Dzifa Adjaye-Gbewonyo

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Chapter 1.

Introduction

WHY STUDY AGING IN AFRICA

Across the globe, debate on the economic and social implications of population aging is intensifying among policymakers and public and private sectors (Beard, et al., 2012, 2016; Fried, 2016; Goldman, et al., 2018). Aging populations impact productivity, labor markets, health, social security systems, social cohesion, and societal development. Efforts to understand and respond to key challenges and opportunities of population aging have become central concerns in high-income countries and emerging economies in Europe, Northern America, Asia, and Latin America (Olshansky, Goldman, and Rowe, 2015; Zissimopoulos, et al., 2015; He, Goodkind, and Kowal, 2016; Park and Shin, 2016; The Economist, 2017; Figliuoli, et al., 2018).

Africa, the world's youngest region in population, presents a stark contrast to this trend. By the commonly used indicator for population aging—the proportion aged 60 and older of the total population—sub-Saharan Africa (SSA) is currently exceptionally young and is projected to remain so in the foreseeable future.[1, 2] With a myriad of pressing needs of Africa's bulge of children and youth, issues of older population are given limited attention, let alone prioritized (Aboderin, 2017). Yet, a number of factors underscore the importance of, and opportunities inherent in, recognizing aging as a development issue for Africa. First is the absolute number of older Africans—as of 2020, 74.4 million individuals aged 60 and older live in the region (54.3 million in SSA), with 18 countries counting 1.0 million or more in their populations (U.S. Census Bureau, 2019). Each of these individuals deserves responses from governments and societies to support their well-being and participation. Both the United Nations (UN) Sustainable Development Goals with the "leave no one behind" principle at their heart (UN, 2015) and Africa's own Protocol on the Rights of Older Persons (African Union, 2016) enshrine this entitlement. The sheer number of older Africans heightens the imperative of forging such responses.

Second is the pace of increase in Africa's older population in coming years. With a projected tripling of these numbers by 2050, outstripping growth rates of any other world region, about two-thirds of African countries (36) are projected to each become home to more than 1 million people aged 60 and older (U.S. Census Bureau, 2019). The extraordinarily rapid rise in the number of older people reinforces the urgency of responses to aging in this world region.

Third is the life course and intergenerational linkages of Africa's children and youth. Considering the future of today's 538 million African children under age 15 (U.S. Census Bureau, 2019) and their well-being through adulthood demand a focus on their trajectories into and in older ages, and on how these will be shaped by their linkages with older generations in younger years (Aboderin and Gelfand, 2019; Gilligan, Karraker, and Jasper, 2018).

A final and timely factor is the incipient nature of Africa's population aging. That the proportion of older people in the region's total population is set to remain small over coming decades presents a unique opportunity: to begin to forge, and hone over time, the systems and institutions needed to harness its maturing population in the longer term (Aboderin and Gelfand, 2019).

This report illustrates and substantiates the above factors by providing current patterns and projected trends of population aging in Africa and empirical evidence of the socioeconomic circumstances and health status of older Africans.

WHAT THIS REPORT IS ABOUT

Data collection and analyses on Africa's aging patterns and on characteristics of older Africans remain relatively limited in scope. At the same time, in order for governments and societies to formulate responses to and seize opportunities of aging in Africa, comprehensive and detailed statistics are in dire need, including cross-region and cross-country comparative data. This report provides such comprehensive and up-to-date statistics on current and projected future population aging trends and patterns in Africa, and on demographic, economic, social, and health characteristics of the older African population, with a focus on SSA.

[1] See Appendix A-1 for the list of African subregions and countries.

[2] In this report, older population or older people are defined as aged 60 and older, unless otherwise specified.

Two central themes are applied throughout the report: (1) the profoundly different nature of aging in Africa compared to other world regions; and (2) the important heterogeneity in aging experiences within Africa both between and within subregions and countries.

Data for this report come from many sources, including the U.S. Census Bureau's International Data Base (IDB) and HIV/AIDS Surveillance Data Base, United Nations Population Division's population data, World Health Organization (WHO) health data, Global Burden of Disease study data, International Labour Organization's labor force participation data, WHO Study on Global Ageing and Adult Health, as well as other published research and health data on aging and older populations in Africa.

Besides using international data sources, this report is the first to include results from multiple historical censuses and various survey data from a large number of SSA countries for comparative studies—Botswana, Burkina Faso, Cameroon, Democratic Republic of the Congo, Ethiopia, Ghana, Kenya, Malawi, Mali, Namibia, South Africa, Tanzania, Uganda, and Zambia.[3] Using historical censuses and survey data from the Demographic and Health Survey (DHS) and Living Standards Measurement Survey (LSMS), findings from the cross-country analyses shed light and provide evidence on common and distinctive characteristics of older populations in SSA.

[3] In this report, "DRC" is also used for "Democratic Republic of the Congo." In the Census Bureau's IDB, the DRC is referred to as "Congo (Kinshasa)" and the Republic of the Congo is referred to as "Congo (Brazzaville)."

HOW THE REPORT IS ORGANIZED

The introduction (Chapter 1) is followed by three chapters covering: aging trends (Chapter 2), older African population's economic well-being and poverty status, and social and other characteristics (Chapter 3), and health and healthcare (Chapter 4). The summary and discussion (Chapter 5) highlight key findings of this report and discuss implications for Africa as a region, subregions, and countries at present and in the future.

More specifically, Chapter 2, Aging Trends and Dynamics, provides overall statistics of aging in Africa. It begins with measures of population aging—older population size and proportion in total population, placing Africa's aging in a global context. The chapter then analyzes aging trends and patterns in African subregions and countries. Measures of aging (i.e., median age, sex ratios, and dependency ratios) and factors contributing to population aging (including fertility and mortality levels and trends) are discussed in the remainder of Chapter 2.

Chapter 3 presents economic and social characteristics of older populations in selected African countries, based on data from censuses, DHS, and LSMS. The chapter discusses rural-urban and male-female patterns among older Africans and compares them with younger populations. Indicators examined include urban-rural residence, geographic mobility, living arrangements, community- and family-level social roles, economic activities in formal and informal sectors, pension participation, educational attainment, poverty, and household wealth.

Chapter 4 covers health and healthcare, beginning with information on broad measures of health status, such as healthy life expectancy, with comparisons between Africa and other world regions as well as exploring variations across African countries. The chapter then investigates the burden of disease among African older adults and examines specific major causes of disease burden and mortality in this population and various subgroups. A look at health systems and healthcare as they relate to the older population concludes the chapter.

Chapter 5 summarizes key findings and their potential implications, and discusses future directions for data collection and compilation of aging-related statistics in Africa.

SPECIAL NOTES

This report follows the UN definitions of world regions and subregions. Appendix A-1 lists subregions that form Northern Africa and SSA, and countries in each subregion. For more information on geographic regions for statistical use by the UN, see <https://unstats.un.org/unsd/methodology/m49/>.

The majority of demographic estimates and projections data in Chapter 2 and Appendix B come from the IDB, maintained and updated by the Census Bureau's Population Division, current as of November 2019. Projections for countries in the IDB are updated periodically as new data become available. Therefore, the data in this report are not the latest available for every country and, by extension, for groups of countries aggregated into subregions and regions. The impact of projection updates on indicators

of population aging is generally modest and has little impact on the overall trends described in this report. For further information on the IDB and estimates and projections on Africa/SSA, see Box 1-1 and Appendix D, "Sources of the Data and Accuracy of the Estimates."

All comparative statements in the text based on data analyses from the DHS, LSMS, and censuses have undergone statistical testing, and comparisons are significant at the 90 percent confidence level, unless noted otherwise. For more information on the sample size and characteristics with standard errors of the study population in the DHS, LSMS, and censuses data, see Appendix Tables C-1 through C-3.

Box 1-1.

International Data Base, U.S. Census Bureau

By: Lisa Lollock, U.S. Census Bureau, Population Division

Demographic data provided in this report come largely from the Census Bureau's International Data Base (IDB). The IDB was developed by the Census Bureau in the 1960s to provide access to accurate and timely demographic measures for populations around the world. Through sponsorship from various U.S. government agencies, the IDB has been updated on a regular basis to provide a comprehensive set of indicators, information needed for research, program planning, and policy-making decisions in the United States and globally.

The IDB provides estimates and projections for 228 countries and areas that have populations of 5,000 or more and are recognized by the U.S. Department of State. Population size (by single year of age and sex) and components of change (fertility, mortality, and migration) are provided from an initial or base year through 2050 for each calendar year. This level of detail provides an important foundation for tracking the demographic impacts of HIV/AIDS and related conditions, as well as events of concern that are affecting populations around the globe. Data can be accessed in predefined regions, and data from several countries can be combined into user-generated regions through the IDB's interactive tools.

As of 2019, IDB indicators for 46 countries included special accounting for the impact of HIV/AIDS, 36 of which are located in sub-Saharan Africa. Data included in the IDB consist of indicators developed from the results of censuses, surveys, administrative records, and special measures of HIV/AIDS-related mortality. Through the evaluation and adjustment of source data, measures of population, mortality, fertility, and net migration are estimated for current and past years and then used as the basis for projections to 2050.

The Census Bureau's IDB estimates and projections have several distinctive features. For each of the 228 countries and areas, population size and components of change are provided for each calendar year beyond the initial or base year through 2050. Within this time series, sex ratios, population, and mortality measures are developed for single-year ages through ages 100 and older. As a result of single-year age and calendar-year accounting, IDB data capture the timing and demographic impact of important events, such as wars, famine, and natural disasters, with a precision exceeding that of other online resources for international demographic data.

The IDB also provides ready-made population age and sex pyramids for all countries included in the database, a handy tool for data users.

More information on the IDB can be found at <www.census.gov/programs-surveys/international-programs/about/idb.htm>.

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Chapter 2.

Aging Trends and Dynamics

NUMERICAL AND PROPORTIONATE GROWTH

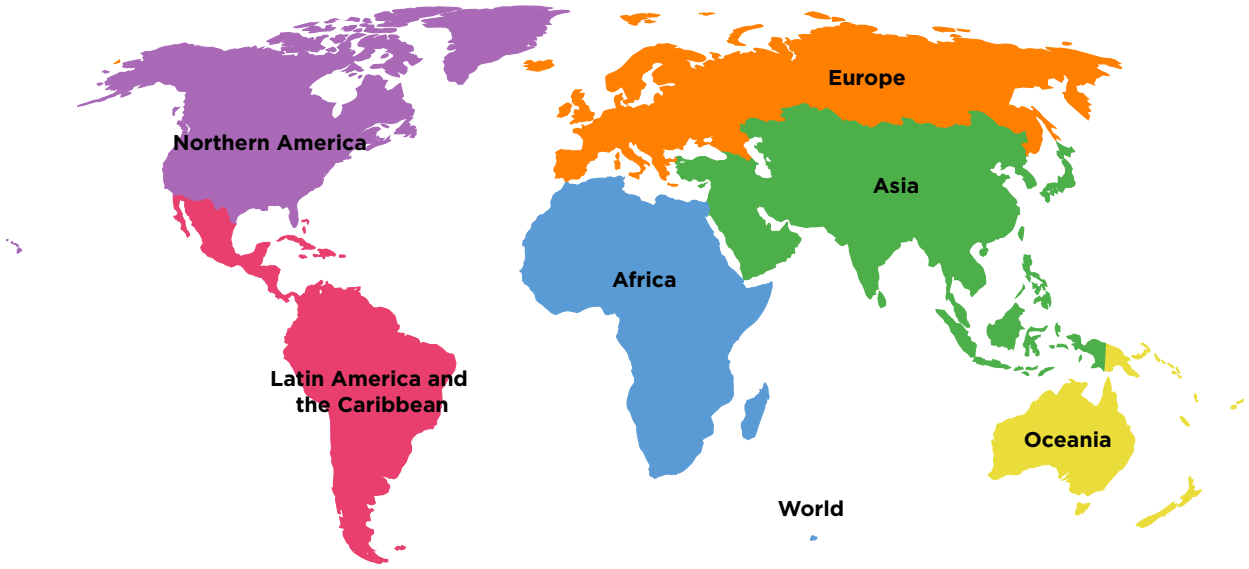
The number of older Africans will triple in the next 3 decades.

In 2020, an estimated 1.05 billion people are aged 60 and older in the world (Figure 2-1), constituting 13.6 percent of the world's total population. Of the five major world regions—Africa, Asia, Europe, Latin America and the Caribbean, and Northern America—Africa has the fewest older people, currently 74.4 million.[1]

[1] In this report, "Latin America and the Caribbean" and "Latin America" are used interchangeably.

Fast forward to 2050, when the number of older Africans is projected to more than triple to 235.1 million, surpassing Latin America and Northern America, and approximating that of Europe (Figure 2-1). At 216.1 percent over the next 3 decades, the growth in Africa's older population is set to

Figure 2-1.
Total Population and Those Aged 60 and Older by World Region: 2020 and Projected 2050

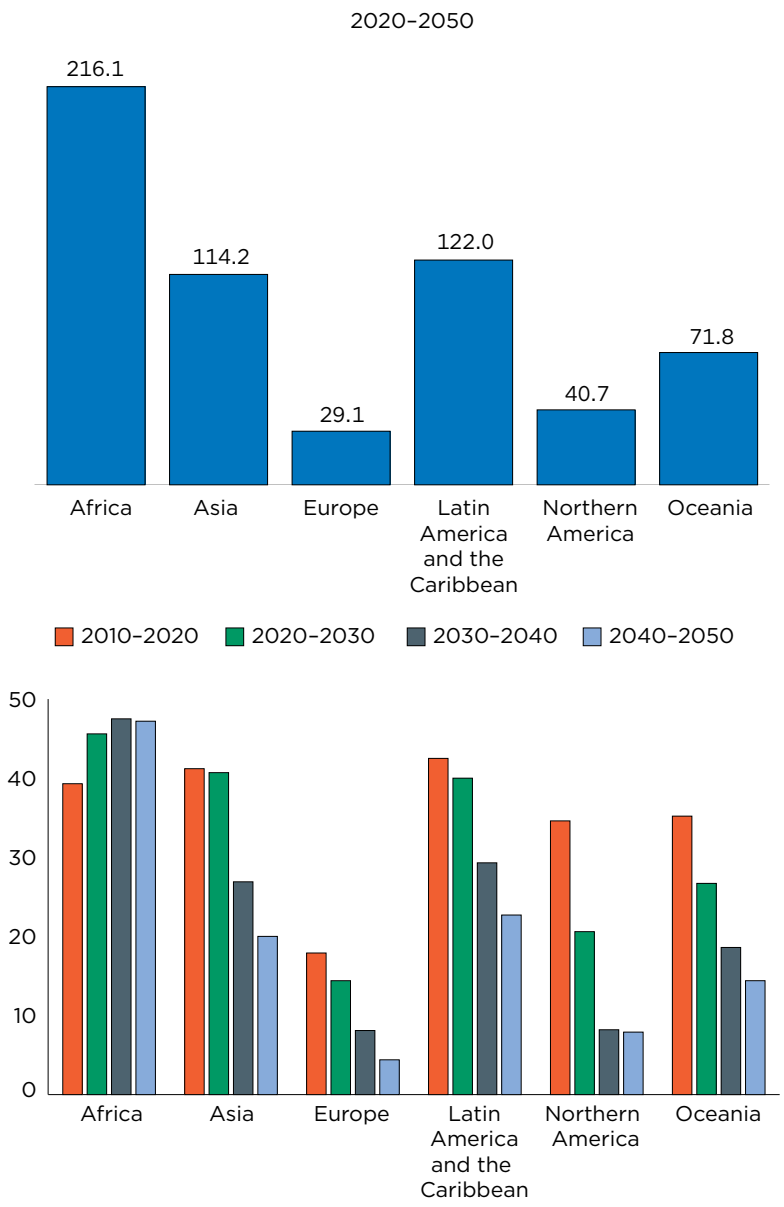


(Numbers in millions)

Region	Total population		Population aged 60 and older			
			2020		2050	
	2020	2050	Number	Percent	Number	Percent
World	**7,684.3**	**9,665.3**	**1,045.4**	**13.6**	**2,092.2**	**21.6**
Africa	1,339.5	2,533.6	74.4	5.6	235.1	9.3
Asia	4,539.6	5,188.0	603.2	13.3	1,292.2	24.9
Europe	749.3	716.4	191.1	25.5	246.7	34.4
Latin America and the Caribbean	644.3	742.6	82.6	12.8	183.4	24.7
Northern America	370.5	432.1	86.8	23.4	122.2	28.3
Oceania	41.1	52.6	7.3	17.9	12.6	24.0

Source: U.S. Census Bureau, International Data Base, 2019.

Figure 2-2.
Growth of Population Aged 60 and Older by World Region: 2020 Projected to 2050
(In percent)



Source: U.S. Census Bureau, International Data Base, 2019.

outpace any other region (Figure 2-2). In contrast, Europe, currently the oldest world region, is projected to experience a rise of less than 30 percent for its older population in the same time span.

Even more noteworthy is the trajectory of the growth for Africa's older population. Between 2020 and 2050, Africa is projected to be the only region to experience a consistent increase for every successive decade. The number of older Africans is expected to grow around or above 40 percent per decade, compared to steadily decreasing growth in all other regions (Figure 2-2). As a result, by 2050, Africans could represent an equal share of the world's total older population as Europeans, about 11 percent each (U.S. Census Bureau, 2019).

A common measure of population aging is the percentage of older people in a society's total population. By this indicator, Africa currently is, and is projected to remain, the youngest of all world regions—5.6 percent of its population is aged 60 and older, and this figure is projected to remain low in the next 3 decades (9.3 percent in 2050; Figure 2-1). Africa's population aging thus provides a stark contrast to global trends, as well as regional patterns. However, a focus only on the population share of older people masks the remarkable and ever-enlarging absolute size of the population of older Africans and its implications for the region's development.

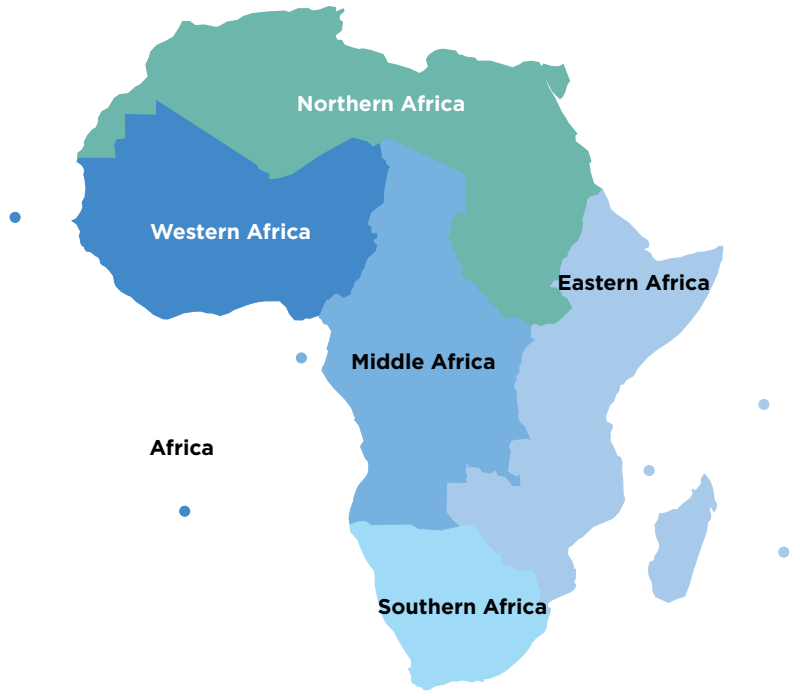
Southern Africa has the highest proportion and Eastern Africa has the largest number of older people, both in sub-Saharan Africa.

Within Africa, subregions and countries differ considerably in their level of socioeconomic development, stage of demographic transition, and phase of population aging. A sharp contrast is generally observed between Northern Africa and sub-Saharan Africa (SSA).[2] Figure 2-3 shows the geographic boundaries between Northern Africa and SSA, with SSA subregions in blue colors (see Appendix A-1 for list of countries in each subregion).

[2] This report follows regional and subregional definitions by the United Nations. For more information on geographic regions for statistical use by the United Nations, see <https://unstats.un.org/unsd/methodology/m49/>.

Figure 2-3.

Total Population and Those Aged 60 and Older for Africa by Subregion: 2020 and Projected 2050



(Numbers in millions)

Region	Total population		Population aged 60 and older			
			2020		2050	
	2020	2050	Number	Percent	Number	Percent
Africa	**1,339.5**	**2,533.6**	**74.4**	**5.6**	**235.1**	**9.3**
Eastern Africa	419.3	807.6	20.1	4.8	69.4	8.6
Middle Africa	193.5	444.4	8.0	4.1	27.2	6.1
Northern Africa	258.0	402.8	20.1	7.8	60.5	15.0
Southern Africa	64.5	79.1	5.8	8.9	14.2	17.9
Western Africa	404.1	799.8	20.4	5.1	63.8	8.0

Source: U.S. Census Bureau, International Data Base, 2019.

It would be over-simplifying, however, to view SSA as one whole young region. There are vastly differing aging patterns within SSA. In fact, the Southern Africa subregion, part of SSA, is older even than Northern Africa in the percentage aged 60 and older both in 2020 and projected in 2050—for Northern Africa, 7.8 percent and 15.0 percent, respectively, and for Southern Africa, 8.9 percent and 17.9 percent, respectively (Figure 2-3).

For Eastern Africa, however, it is a different story. Being the most populous subregion (total population of 419.3 million in 2020), a very low proportion (4.8 percent) is equivalent to 20.1 million older people, one of the most in all subregions. Projected to continue to be the most populous subregion with one of the lowest proportions older, Eastern Africa will maintain the largest number of population aged 60 and older for a subregion (69.4 million) in 2050. A similar pattern can be found in

Western Africa, a low proportion but sizeable older population due to the large total population.

Nigeria has the nineteenth largest older population in the world in 2020, projected to rise to eleventh in 2050.

A further look at the aging patterns in Africa by country reveals additional variations within subregions. Figure 2-4 and Table B-1 show the growth of the older population by country. In 2020, Nigeria, the region's most populous nation, has the largest older population of any African country (10.9 million) and the nineteenth largest in the world. Egypt, Ethiopia, and South Africa have the next three largest older populations in Africa, each exceeding 5 million (Table 2-1). In 2020, 18 African countries each host more than 1 million people aged 60 and older spread across all subregions (Table B-1).

In the next 3 decades, Nigeria's already large older population is projected to triple to about 33.2 million to become the eleventh largest older population in the world in 2050 (Table 2-1). It will be joined by six other African countries projected to have more than 10 million older people each, in particular, Egypt (23.1 million) and Ethiopia (19.7 million). By 2050, 36 countries in the African region are expected to each have more than a million people aged 60 and older with a combined regional total of 235.1 million (Table B-1). The economic, health, and social circumstances of this large older population will pose significant challenges and opportunities for their country's and the region's social and economic development.

In 2020, a majority of African countries have less than 7 percent older adults in their population; by 2050 only one in five will.

In 2020, in 45 of Africa's 56 countries, people aged 60 and older represent less than 7 percent of the total population (Figure 2-5; Table B-1). Countries, such as Angola, Benin, Chad, DRC, Uganda, and Zambia, have less than 4 percent older population, while it is less than 5 percent in another 18 countries (U.S. Census Bureau, 2019).

By 2050, the number of African countries with less than 7 percent older people in their total population is projected to decline to 12, with the smallest percentage (about 4 percent) forecast for Niger (Table B-1).

Looking at subregions, currently some of the oldest countries in terms of the share of older people in the total population are in Northern Africa (Tunisia, 13.5 percent; Morocco, 11.1 percent; Algeria, 9.4 percent). Situated at the opposite end of the continent, Southern Africa generally is the second oldest in 2020 (South Africa, 9.2 percent; Botswana, 8.1 percent). Population aging in these two subregions is expected to progress rapidly in the next 3 decades to reach an average share of older people of above 15 percent by 2050 (Figure 2-5; U.S. Census Bureau, 2019).

FERTILITY TRENDS

African exceptionalism of fertility transition continues . . .

The main demographic force behind population aging is

Table 2-1.
Ten African Countries With Largest Populations Aged 60 and Older in World Ranking: 2020 and Projected 2050
(Numbers in thousands)

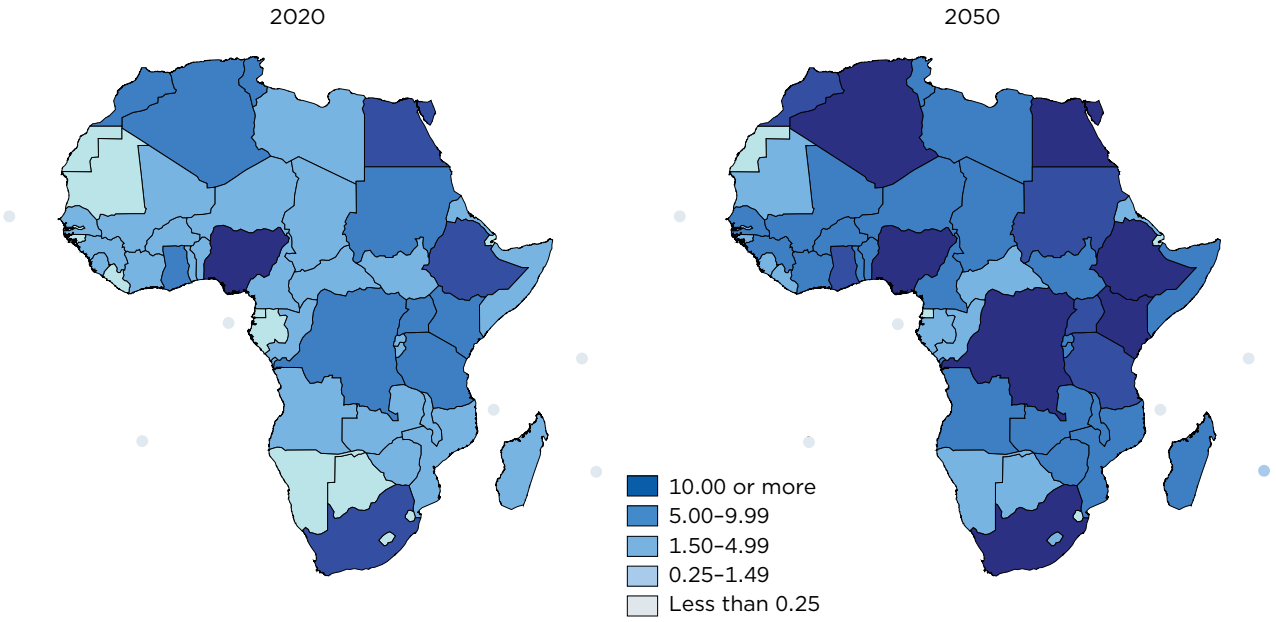
2020			2050		
Country	60 and older	World ranking	Country	60 and older	World ranking
Nigeria	10,877	19	Nigeria	33,190	11
Egypt	7,395	27	Egypt	23,122	16
Ethiopia	5,748	29	Ethiopia	19,700	23
South Africa	5,207	33	DRC	13,722	27
Algeria	4,044	36	Algeria	12,766	32
DRC	3,979	37	South Africa	12,625	33
Morocco	3,942	38	Kenya	10,726	34
Tanzania	2,721	50	Morocco	9,816	35
Kenya	2,557	54	Tanzania	9,272	37
Sudan	2,167	60	Sudan	7,466	45

Note: DRC is the Democratic Republic of the Congo. In the U.S. Census Bureau's International Data Base, the DRC is referred to as "Congo (Kinshasa)."
Source: U.S. Census Bureau, International Data Base, 2019.

Figure 2-4.

Population Aged 60 and Older for African Countries: 2020 and Projected 2050

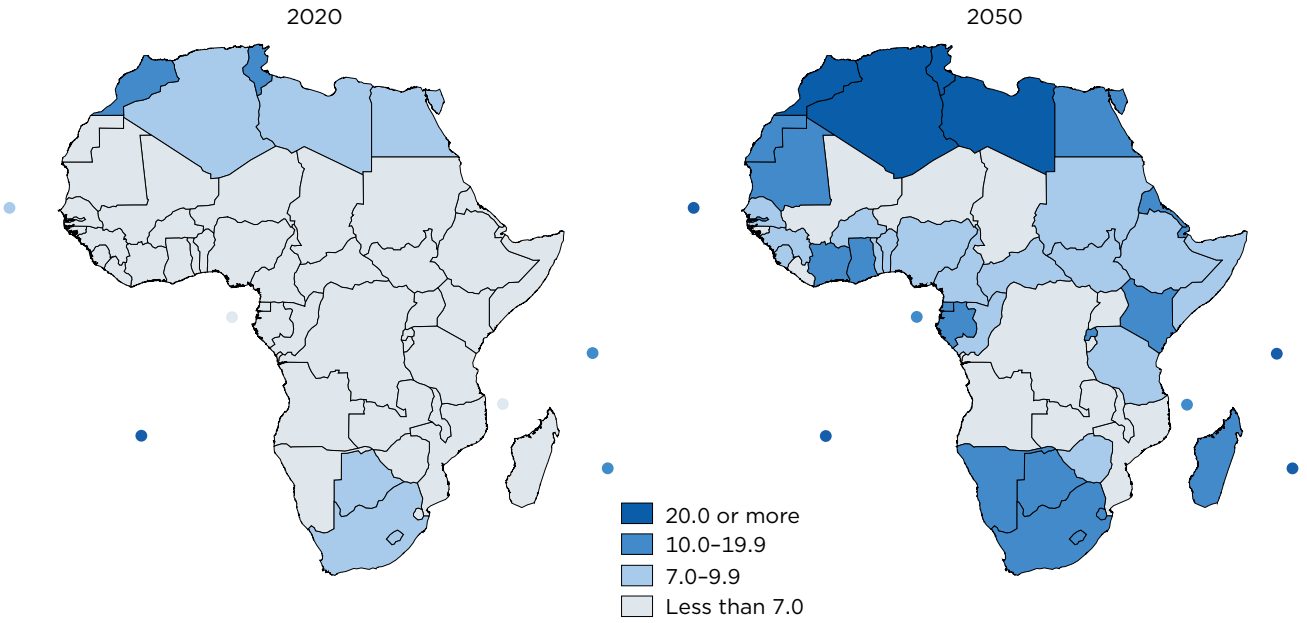
(Numbers in millions)



Source: U.S. Census Bureau, International Data Base, 2019.

Figure 2-5.

Percentage Aged 60 and Older of Total Population for African Countries: 2020 and Projected 2050



Source: U.S. Census Bureau, International Data Base, 2019.

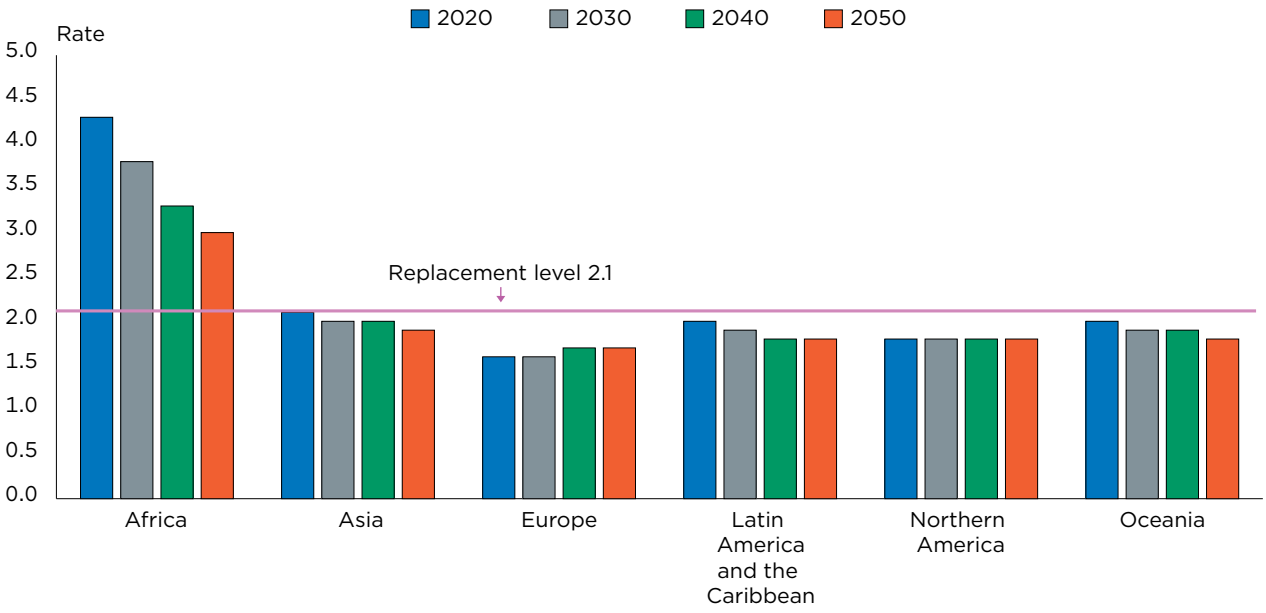
declining fertility. Successive falls in fertility or sustained low fertility levels change the age structure of a population toward increasingly larger shares of older people, thus an aging society. In 2020, all world regions but Africa have reached total fertility rates (TFR) at or below the replacement level of 2.1; notably and already, Asia at 2.1 and Latin America at 2.0 (Figure 2-6).[3, 4] Africa's TFR, at 4.3, is double the replacement level.

[3] TFR is the average number of children that would be born per woman if all women lived to the end of their childbearing years and bore children according to a given set of age-specific fertility rates.

[4] The commonly accepted replacement TFR level of 2.1 does not reflect the great variation in replacement fertility due to cross-country differences in mortality, especially in the less developed countries, including African countries (Espenshade, Guzman, and Westoff, 2003).

A look at Africa's subregions reveals great variations in TFR (Table 2-2). In 2020, subregional TFRs range from a high of 5.5 in Middle Africa and 4.7 in Western Africa to a low and near replacement level of 2.3 in Southern Africa. Southern Africa's TFR is even lower than the 3.3 of Northern Africa, a subregion generally considered to have low fertility and at the most advanced

Figure 2-6.
Total Fertility Rates by World Region: 2020 Projected to 2050



Note: The total fertility rate is defined as the average number of children that would be born per woman if all women lived to the end of their childbearing years and bore children according to a given set of age-specific fertility rates.
Source: U.S. Census Bureau, International Data Base, 2019.

Table 2-2.
Total Fertility Rates for Africa by Subregion: 2020 and Projected 2050

Subregion	2020	2030	2040	2050
Africa	**4.3**	**3.8**	**3.3**	**3.0**
Northern Africa	3.3	2.9	2.6	2.3
Sub-Saharan Africa:				
Eastern Africa	4.4	3.8	3.3	2.9
Middle Africa	5.5	4.8	4.2	3.6
Southern Africa	2.3	2.1	2.0	1.9
Western Africa	4.7	4.1	3.6	3.1

Source: U.S. Census Bureau, International Data Base, 2019.

stage of the population aging process within Africa.[5] In 2020, among the 56 African countries, not only do 51 have a TFR higher than the replacement level, but 43 of the 51 have a TFR at 3.0 and above, including 28 with a TFR at 4.0 or higher (for example, Niger, 7.0; Chad, 5.7; Mali, 5.7; Tanzania, 4.6; Table B-2a).

Many studies have examined the reproductive behavior and the slow, and sometimes stalled, fertility declines in SSA. Researchers have observed an "African exceptionalism" in fertility transitions, compared to Asia and Latin America in comparable stages of demographic transition.[6] In SSA, the ideal (desired) family size remains high, reflecting distinctive pronatalist cultural norms in African societies, and the resulting pervasive fertility control practice intended primarily for postponement but not prevention of childbearing (Caldwell, Orubuloye, and Caldwell, 1992; Moultrie, Sayi, and Timaeus, 2012; Bongaarts and Casterline, 2013). Much empirical evidence shows that the rapid fall in fertility levels experienced in Asia and Latin America has not materialized across SSA, and that in some countries early fertility declines have stalled (Casterline, 2017). Particularly slow fertility transitions are evident in the persistently high fertility levels in countries such as Niger (TFR for 1980, 8.0; 2000, 8.1; 2020, 7.0; U.S. Census Bureau, 2019) and DRC (TFR for 1980, 6.6; 2000, 6.8; 2020, 5.8; U.S. Census Bureau, 2019).

[5] The relatively high average TFR for Northern Africa reflects the remarkable differences within the subregion, for example, 2.3 for Morocco and 5.5 for South Sudan.

[6] See Box 2-1 for more information on demographic transition.

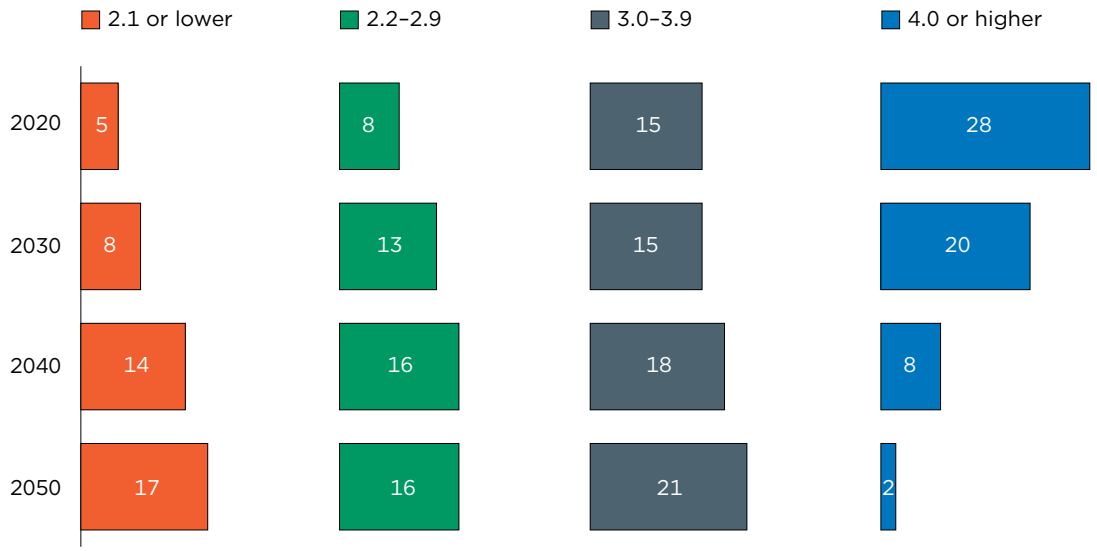
. . . But a widespread fertility decline in SSA is on the horizon.

Despite the overall trend, many SSA countries are expected to experience major fertility declines in coming decades thanks to improvements in women's education, strengthened family planning programs, and a wider use of contraception among urban women (Upadhyay and Karasek, 2012; Machiyama and Cleland, 2014; Goujon, Lutz, and Samir, 2015; Schoumaker, 2017; Towriss and Timaeus, 2018). One of these countries, for example, is Botswana, one of the SSA countries that has experienced steady fertility declines in recent decades (TFR at 1990, 4.6; 2020, 2.5; U.S. Census Bureau, 2019). Secondary educational attainment among Botswanan women aged 25 to 54 was almost universal (99 percent) in 2018, with 25 percent having completed tertiary education—levels greater than for their male counterparts, 98 percent and 17 percent, respectively (World Economic Forum, 2018). Conversely, stalled fertility declines in the decade between 1990 and 2000 in several SSA countries, such as Kenya and Nigeria, were linked to education disruptions to the female cohort of school age in the 1980s who reached prime childbearing ages in late 1990s and early 2000s (Kebede, Goujon, and Lutz, 2018). The more recent drops of TFRs in these countries could partly be attributed to subsequent reversals in stalls of educational improvement that resulted in new female cohorts with better education.

According to Census Bureau projections, the number of African countries with TFR at 4.0 or above will decrease from 28 in 2020 to 20 in 2030 and will rapidly be reduced to 8 by 2040 and only 2 by 2050 (Figure 2-7). Equally important is that the number of African countries with TFR at or below the replacement level is projected to rise from 5 in 2020 to 17 by 2050. In other words, in a generation's time almost one-third of African countries will be at the current fertility levels of Asia and Latin America, triggering major changes in their age structures toward older societies.

Contrasting trends of fertility decline in African countries are illustrated in Figure 2-8. Egypt represents those African countries going through the demographic transition early. In 2000, Egypt's TFR was a relatively low 3.5, it has since stabilized, and is projected to level-off at around the replacement level by 2050. Kenya is an exemplar of SSA countries that have experienced rapid fertility declines in recent decades. Its TFR in 2000 was 5.0, much higher than that of Egypt, but dropped to a similar level in 2020 and is projected to follow the same trajectory in the next 3 decades. DRC, and especially Niger, with very high TFRs in 2000 (6.8 for DRC and 8.1 for Niger), experienced stalls in their respective fertility transition until birth rates started to decrease in the last decade. Their fertility declines are projected to continue rapidly and with a steady pace, to reach TFRs of 3.8 in DRC and 4.2 in Niger by 2050. (For more information on fertility trends and patterns in these four countries, see Chikandiwa et al., 2018; Al Salak and Goujon, 2017; Maga and Guengant, 2017; Shapiro, Tambashe, and Romaniuk, 2017).

Figure 2-7.
Number of African Countries by Total Fertility Rates: 2020 Projected to 2050



Note: The total fertility rate is defined as the average number of children that would be born per woman if all women lived to the end of their childbearing years and bore children according to a given set of age-specific fertility rates.
Source: U.S. Census Bureau, International Data Base, 2019.

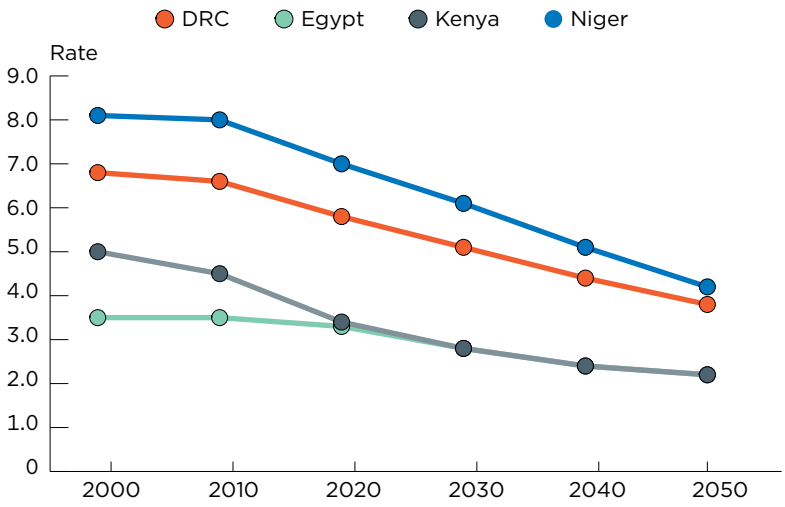
Nigeria, the most populous African country, is showing signs of fertility decline; however, high fertility levels may continue among some subgroups with early ages of marriage and child birth reflecting religious beliefs, poverty, and low education (Mberu and Reed, 2014; Emmanuel and Pate, 2017).

MORTALITY TRENDS

The high past and current child mortality rates in Africa played a crucial role in its fertility decline lagging behind other world regions.

Reductions in infant and child mortality are often correlated with fertility decline. A higher proportion of children that survives to adulthood could motivate parents to limit births; that is, the parents do not need to have

Figure 2-8.
Total Fertility Rate for Selected African Countries: 2000 Projected to 2050



Note: The total fertility rate is defined as the average number of children that would be born per woman if all women lived to the end of their childbearing years and bore children according to a given set of age-specific fertility rates. DRC is the Democratic Republic of the Congo.
Source: U.S. Census Bureau, International Data Base, 2019.

additional children as "insurance" against childhood deaths to realize their ideal number of children (Easterlin, 1980). For example, rapid fertility decline in Rwanda followed an extremely rapid drop in child mortality (Wang, 2017). A study of 31 SSA countries also showed reduced infant and child mortality to account for 30 to 35 percent, on average, of fertility decline (Shapiro and Tenikue, 2017).

A comparison of current mortality rates of children under age 5 among world regions (Figure 2-9) offers part of the explanation for why Africa (especially SSA) lags behind other regions in demographic transition.[7, 8] Even with significant reductions from its high rate in 2010 (97 per 1,000 live births), Africa's child mortality rate in 2020 is still at 69. That is a stark contrast to the extremely low rate of 6 for Europe or Northern America. It is worth noting, however, that Africa's child mortality levels are projected to decline rapidly in coming decades and by 2050 reach levels below current rates for Asia.

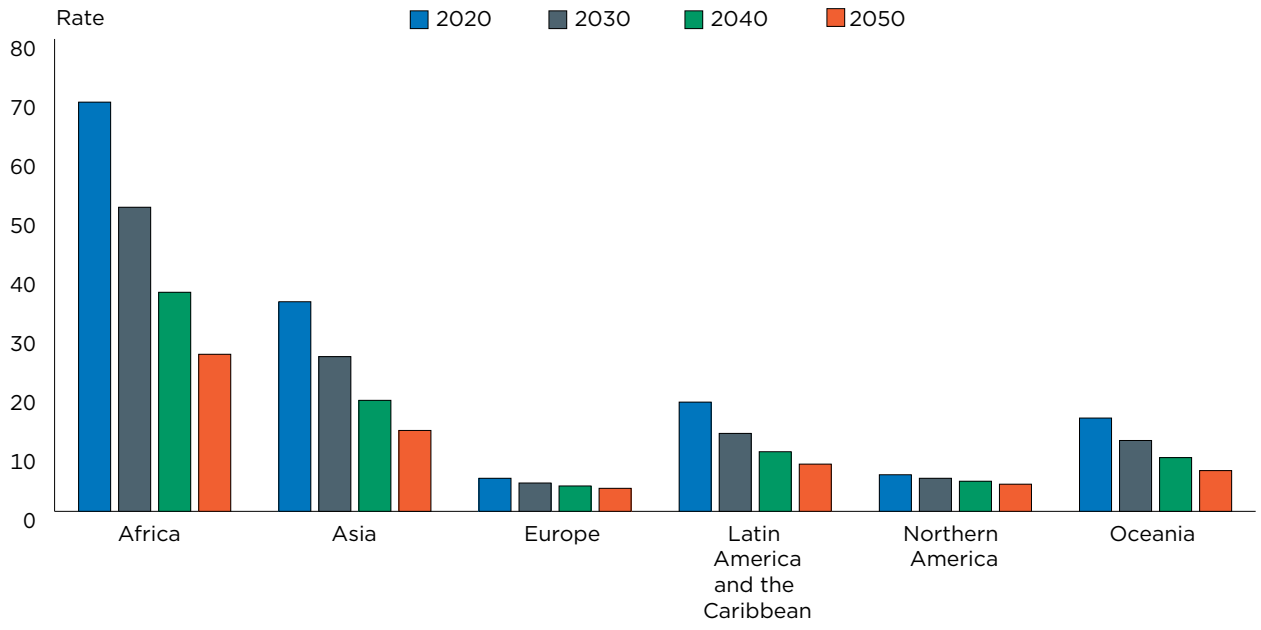
There is a clear divide in life expectancy at age 60 (LE60) between Africa and the rest of the world, with much lower LE60s for most SSA countries than other countries.

All over the world people are living longer, and Africans are no different. Thanks to great improvement in health and welfare, life expectancy at birth (LEB) for Africa has been on the rise and increased rapidly (Borjas, 2017; WHO, 2018). The earlier life expectancy gains in Africa were reversed during the 1990s

[7] Children under age 5 mortality is defined as the number of deaths of children under 5 years of age in a given year per 1,000 children in this age group.

[8] We acknowledge, but do not discuss in this report, the impact of wars and armed conflicts on child and adult mortality in countries such as Congo (Brazzaville), DRC, Liberia, Rwanda, or Somalia.

Figure 2-9.
Mortality Rates for Children Under Age 5 by World Region: 2020 Projected to 2050



Note: The under-age-5 mortality rate is the number of deaths of infants and children under 5 years old per 1,000 live births.
Source: U.S. Census Bureau, International Data Base, 2019.

Box 2-1.

Demographic Transition in Africa: Is It on the Cusp of a Major Fertility Decline?

By: Daniel Goodkind, U.S. Census Bureau, Population Division

Most countries throughout the world have experienced notable declines in death rates and birth rates, a phenomenon known as the demographic transition. A stylized depiction of the five major stages of this transition is shown in Figure 2-10. The key changes are the decline in death rates in Stage 2, followed by a decline in birth rates in Stage 3.

In much of Africa, this transition has proceeded later and more slowly than in other parts of the world. A variety of explanations have been proposed to explain this observation, including Africa's lower levels of income and development (Canning, Raja, and Yasbeck, 2015), slow improvements in education (Bongaarts, 2008; Goujon, Lutz, and Samir, 2015), cultural values favoring large families, and weak family planning programs (Bongaarts and Casterline, 2013). The relationship between fertility and child mortality has also been considered; but some see much of Africa "being mired in a Malthusian crisis of high mortality, high fertility, and rapid population growth" (Conley, McCord, and Sachs, 2007). Others point out that mortality has actually declined, yet worry that "despite substantial declines in child mortality throughout sub-Saharan Africa (SSA), the fertility response has been weak and fertility remains near its level in the 1960s" (Aksan, 2014).

However, after rising between the 1960s and 1980, Africa's total fertility rate fell from 6.5 to 4.7 in the 3 decades between 1980–1985 and 2010–2015 (UNDESA, 2019). Some observers also point to the strong correlation between lower child mortality and lower fertility in Africa (Angeles, 2010; Canning, Raja, and Yasbeck, 2015), which gives reason for optimistic prognoses about rapid fertility declines in the near future.

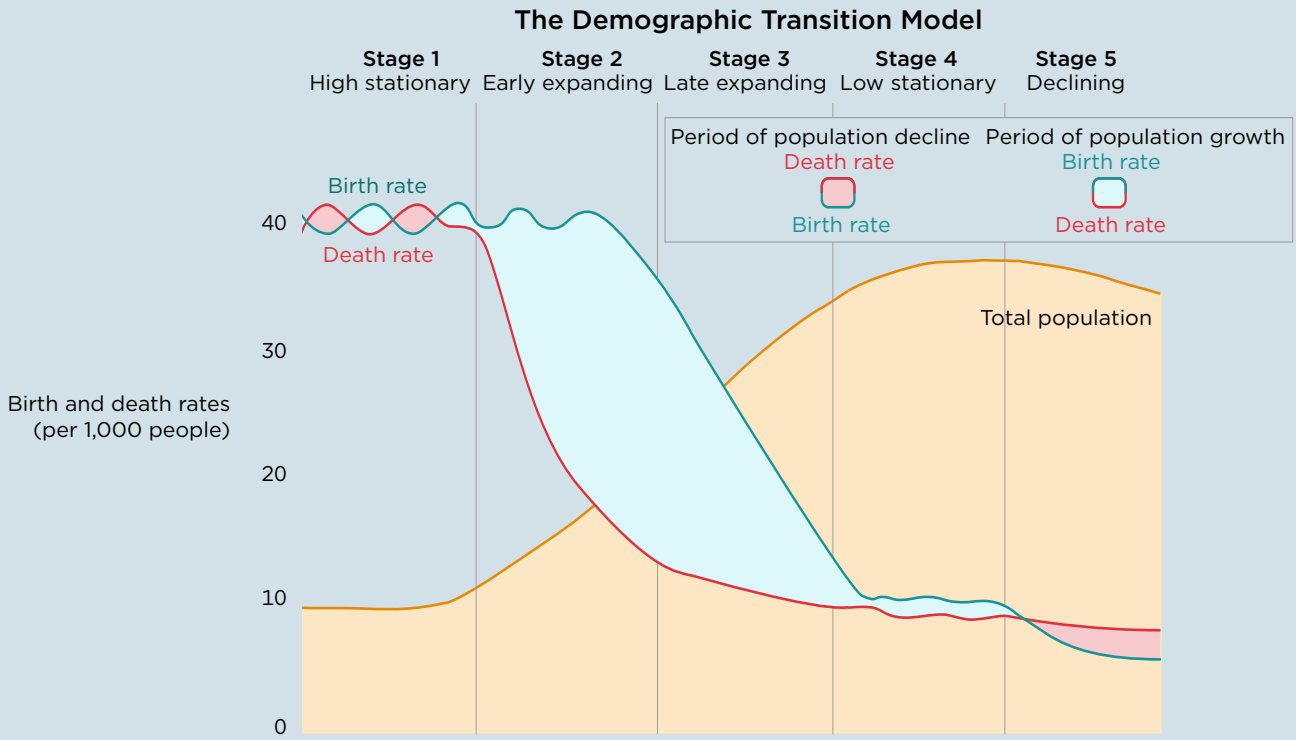
There is yet another reason for such optimism that has apparently gone unrecognized in recent discussions: although Africa's fertility transition has indeed been slow compared to other world regions, it appears to be "on course" with the stylized model of the demographic transition. Based on the stylized demographic transition model, between the middle of Stage 2 (the onset of the transition) and the middle of Stage 3 (the central phase), the crude death rate (CDR—deaths divided by the population) falls by half. Over the same period, the crude birth rate (CBR—births divided by the population) falls later and more gradually. The historical pattern of demographic change in Africa (Figure 2-11) is not dissimilar to what the stylized model predicts. The actual CDR fell from nearly 20 in the early 1970s to under 10 by 2020 (a more than 50 percent decline), and the CBR during that interval fell from 47 (somewhat higher than the stylized model) to 35, just under a 25 percent decline.

An even more important observation from the stylized model is that the steepest fertility decline during the entire transition is expected to occur during Stage 3, the very precipice at which SSA seems poised. In fact, based on the stylized model, since Africa took 50 years to transition from Stage 2 to Stage 3, one might expect it to take another 50 years to traverse through Stage 3 and onto Stage 4. Africa's demographic transition appears to be entering Stage 3 (the middle of Stage 2 and beginning of Stage 3 are represented by the red dots in Figure 2-11). That in turn would imply that the most dramatic decline in Africa's fertility will occur in the coming decades.

Continued on next page.

Figure 2-10.

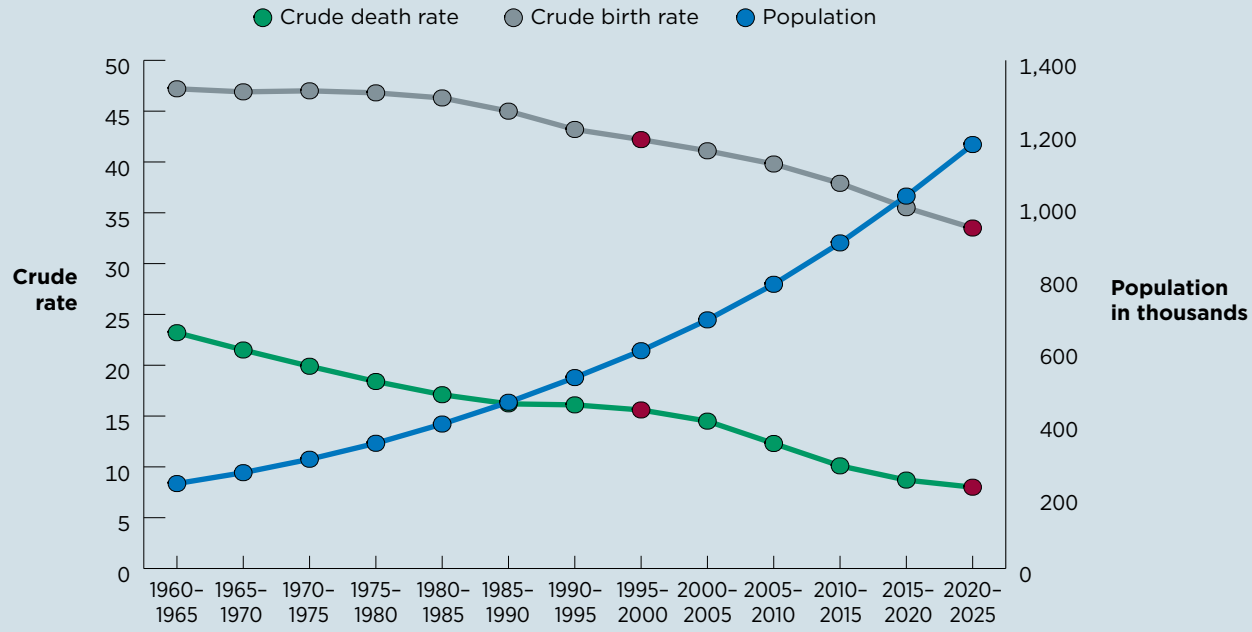
Stylized Depiction of the Demographic Transition



Source: U.S. Census Bureau, Population Division, International Programs, 2019.

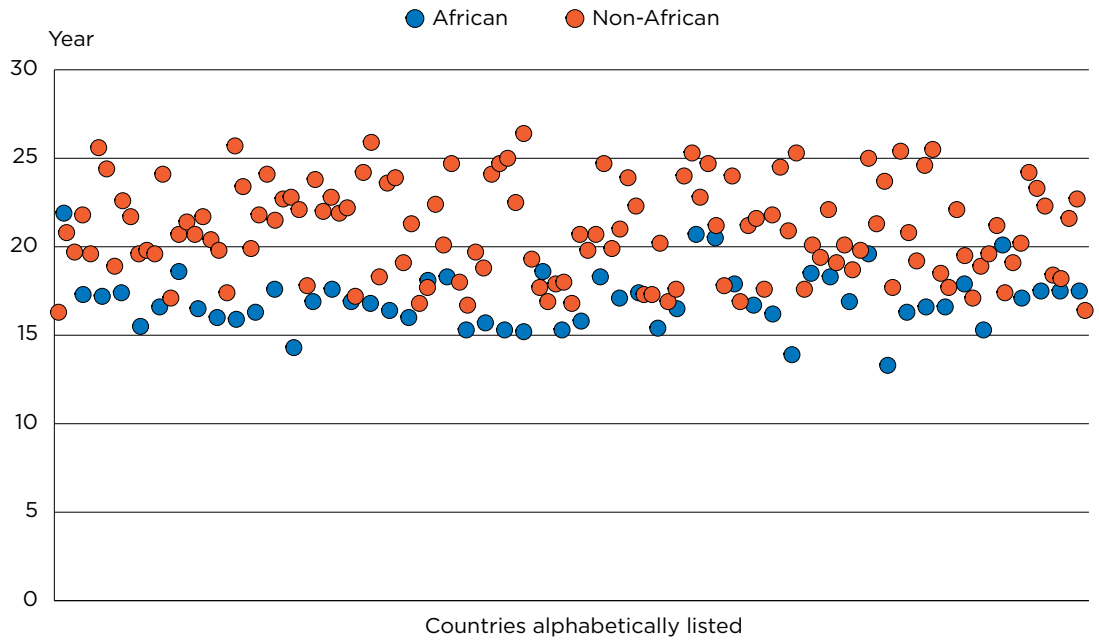
Figure 2-11.

The African Demographic Transition: 1960–1965 to 2020–2025



Note: The red dots of crude birth rates and crude death rates represent the middle of Stage 2 and beginning of Stage 3 in Africa's demographic transition.
Source: United Nations, Department of Economic and Social Affairs, Population Division, 2019.

Figure 2-12.
Life Expectancy at Age 60 by Country: 2016



Source: World Health Organization, Global Health Observatory, 2018.

because of the AIDS epidemic, but expanded access to antiretroviral therapy since the early 2000s has enabled people living with HIV to prolong their lives (Bor et al., 2013; WHO, 2019).[9]

Africa, especially SSA, continues to have much higher adult mortality rates than other world regions and countries.[10] Figure 2-12 shows life expectancy at age 60 (LE60), a more direct and relevant mortality indicator in the context of population aging. There is a clear divide in LE60 between African countries (shown in blue) and other countries (in red).[11] A majority of the 54 African countries included in this figure had an LE60 of 17 years or less, while LE60 for the majority of non-African countries was 20 years or longer, and in 10 of these countries older people at age 60 were expected to live for another 25-plus years. The shorter LE60 for African countries contribute to their younger age structure.

Another significant measurement is the improvement in LEB and LE60 in the long-term as well as in the past decade. The UN World Population Prospects 2019 data show that Africa has achieved impressive gains in LEB—during the 65 years between 1950–1955 and 2015–2020, Africa's LEB has increased by 25.2 years, a 67.1 percent rise, and a 66.4 percent increase in SSA (UNDESA, 2019). Although Africa remains the lowest LEB (62.7) among world regions in 2015–2020, in the past decade it registered the largest gain both in terms of years (5.9) and increase (10.0 percent).

Improvement in LE60 in Africa during the same long-term period and the past decade is somewhat less impressive. In 1950–1955, Africa's LE60 was 13.0 (SSA 12.6), higher than that of Asia (12.1; Table 2-3). Today, Asia's LE60 (20.1)

[9] Also see Box 4-2 for more information on the aging of people living with HIV and the impact of HIV/AIDS on the health of older Africans and the health care system.

[10] The International Data Base (IDB) mortality data used in this chapter took HIV/AIDS into consideration (see Box 1-1). Research has yielded mixed findings of interactions between HIV/AIDS and contraception and fertility in SSA countries. The disease burden from HIV/AIDS and its impact on living arrangements of older Africans are discussed in Chapter 4 and Chapter 5.

[11] See Table B-2b for estimates of LE60 for African countries and non-African countries.

Table 2-3.
Life Expectancy at Age 60 for World Regions by Sex: 1950–1955, 2005–2010, and 2015–2020
(In years)

Region	Both sexes			Male			Female		
	1950–1955	2005–2010	2015–2020	1950–1955	2005–2010	2015–2020	1950–1955	2005–2010	2015–2020
World	**14.1**	**19.5**	**20.7**	**13.0**	**17.9**	**19.1**	**15.1**	**21.0**	**22.3**
Africa	13.0	15.8	16.9	12.5	14.9	16.0	13.4	16.6	17.7
Sub-Saharan Africa	12.6	15.0	16.1	12.2	14.1	15.2	13.0	15.7	16.9
Asia	12.1	18.8	20.1	11.3	17.4	18.6	12.9	20.1	21.5
Europe	16.8	21.1	22.6	15.5	18.8	20.4	17.8	23.0	24.5
Latin America and the Caribbean	15.1	21.0	22.0	14.4	19.4	20.2	15.8	22.4	23.5
Northern America	17.5	22.9	23.8	16.0	21.3	22.2	19.1	24.4	25.2
Oceania	15.2	22.9	24.1	13.7	21.4	22.9	16.6	24.2	25.4

Source: United Nations Population Division, World Population Prospects, 2019.

Table 2-4.
Ten Highest and Lowest Life Expectancy at Age 60 for African Countries: 2016
(In years)

Highest		Lowest	
Algeria	21.9	Burkina Faso	15.5
Mauritius	20.7	Mali	15.4
Morocco	20.5	Gambia	15.3
Tunisia	20.1	Guinea	15.3
Kenya	18.6	Lesotho	15.3
Rwanda	18.5	Togo	15.3
Gabon	18.3	Guinea-Bissau	15.2
Libya	18.3	Côte d'Ivoire	14.3
Ethiopia	18.1	Nigeria	13.9
Mozambique	17.9	Sierra Leone	13.3

Note: This table includes countries with a total population of at least 1 million in 2020.
Source: World Health Organization, Global Health Observatory, 2018.

is close to other world regions, leaving Africa far behind (16.9; SSA, 16.1). It is noteworthy that Asia continued to make strides in the past decade (rate of increase, 6.9 percent), and Europe registered one of the highest gains (7.1 percent) over its already high LE60 (21.1 in 2005–2010 and 22.6 in 2015–2020). While Africa has also made improvement (rate of increase 7.0 percent; SSA, 7.3 percent), it did not surpass other world regions in its progress of LE60 like it did for LEB. As with other world regions, African older women have an advantage over their male counterparts in LE60 (17.7 and 16.0; Table 2-3), although it is estimated that in the past decade older males in Africa have been catching up with a faster rate (7.4 percent for male and 6.6 percent for female, respectively).

Table 2-4 shows the ten highest and lowest LE60 for African countries.[12] Algeria led the region with a value of 21.9 years; that is, on average older Algerians at age 60 can expect to live another 22 years. Other top countries are also located in Northern Africa. The lowest LE60 are found in Sierra Leone, 13.3; Nigeria, 13.9; and several countries in which older people at age 60 are expected to live around 15 more years, almost 7 years fewer than their peers in Africa with the highest LE60.

[12] Table 2-4 includes countries with a total population of at least 1 million in 2020. Some small island countries/territories have high life expectancies at age 60. For example, in 2016, Seychelle's LE60 was 19.6.

AGE STRUCTURE AND DEPENDENCY RATIO

Age structures in African countries range from a perfect traditional pyramid in Uganda to a column shape with a relatively heavy top at older ages in Tunisia.

Trends in fertility and mortality shape societies' age structures and their differing phases of population aging. Population aging occurs when the older population goes through disproportionate

Table 2-5.
Median Age for World Regions by Sex: 2020 and Projected 2050
(In years)

Region	Both sexes		Male		Female	
	2020	2050	2020	2050	2020	2050
Africa	19.9	25.7	19.6	25.2	20.2	26.1
Asia	32.3	40.6	31.6	39.6	33.1	41.6
Europe	42.6	46.9	40.8	44.6	44.5	49.4
Latin America and the Caribbean	30.9	40.6	29.9	39.2	31.8	42.1
Northern America	38.9	42.7	37.7	41.5	40.2	43.9
Oceania	34.9	40.0	34.3	39.1	35.4	40.9

Source: U.S. Census Bureau, International Data Base, 2019.

growth, which changes a population's age structure from a classic pyramid shape to one with gradually heavier concentration on the top (older ages) and progressively smaller base (younger ages).

Another indicator of population aging is median age, the age that divides a population into numerically equal shares of younger and older people. Africa's current median age is an extremely young 20; that is, half of the Africans are children or teenagers under 20 years of age. In contrast, as the oldest world region, Europe's median age in 2020 is 43 (Table 2-5).

The different shapes of population pyramids in Figure 2-13 illustrate African countries at varying stages of population aging as of 2020.[13] Uganda's age and sex distribution shows a perfect traditional pyramid shape, indicating an extremely young age structure and representative of African countries yet to start population aging. Its median age is a very low 15.7—half of the country are children at 15 years old or younger. One in 25 of Ugandans are aged 60 and older. Such a young age structure reflects the sustained high fertility rates (5.5 in 2020; U.S. Census Bureau, 2019), resulting from continued strong preferences for large family sizes, underutilization of modern contraceptives due to traditional sociocultural beliefs and practices, and misconceptions about modern contraception, as well as lack of government support of (or restrictions on access to) family planning clinics, which was strengthened only in recent decades (Kabagenyi et al., 2016; Matovu et al., 2017; Garenne, 2018). Many SSA countries have a similarly young age structure to Uganda in 2020—for example, Chad, Ethiopia, Gambia, Madagascar, Malawi, Mozambique, Namibia, Niger, Nigeria, Senegal, Somalia, South Sudan, Sudan, and Zambia.

However, for a relatively large overall population (the ninth most populous country in Africa in 2020), a very small proportion (3.6 percent) translates into 1.6 million older Ugandans (U.S. Census Bureau, 2019). Furthermore, in 30 years' time, when those presently aged 30 to 59 have grown older, Uganda's older population is projected to have quadrupled to 6.2 million.

On the other end of the spectrum and representative of older countries in Africa is Tunisia. Tunisia's median age is 32.7 for 2020, similar to some Asian or Latin American countries with an accelerated pace of population aging (e.g., in 2020, Argentina, 32.4; Brazil, 33.2; or Turkey, 32.2). Some other African countries also already have a relatively high median age in 2020 such as Algeria (28.9) or South Africa (28.0).

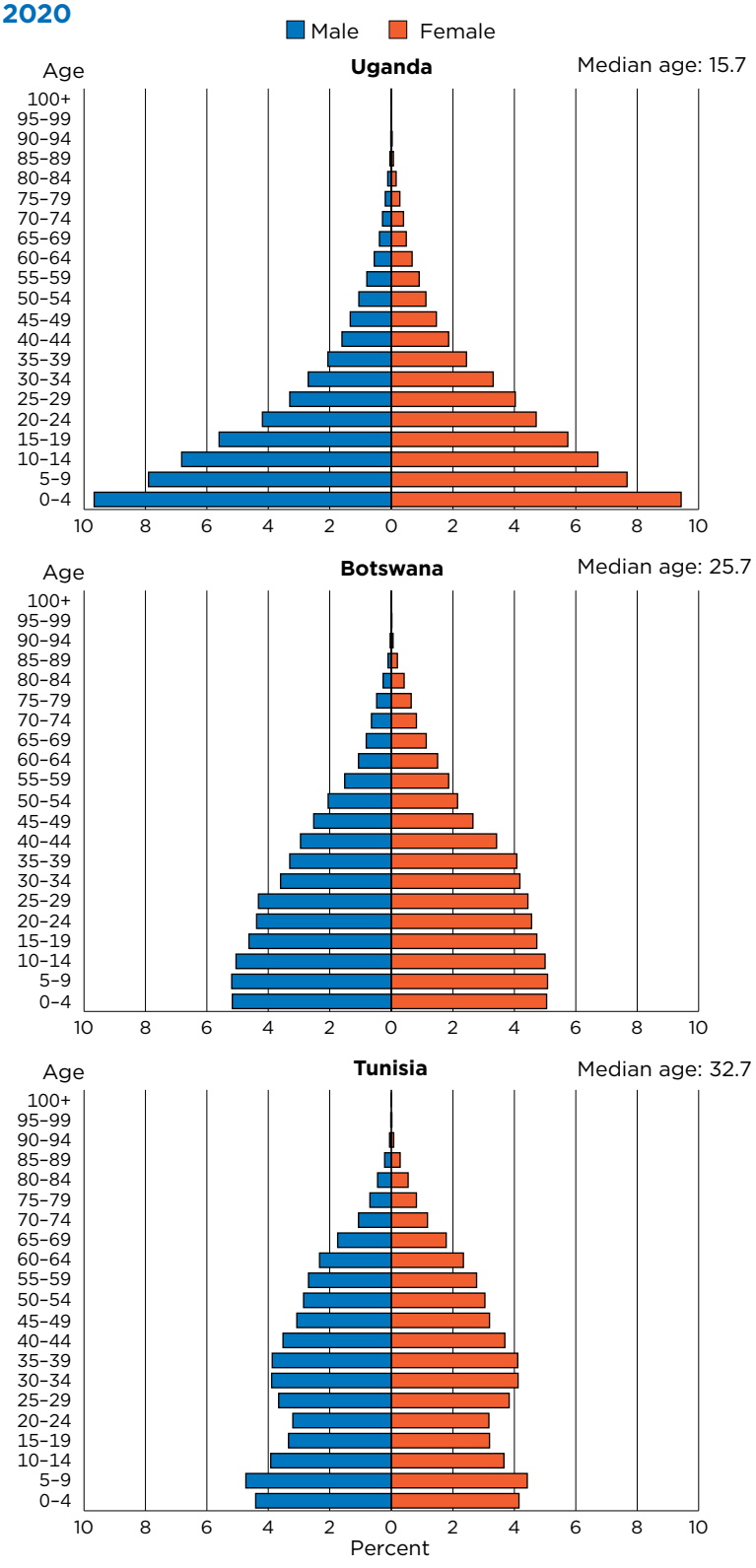
A relatively old median age is not the whole story, however. Tunisia's age and sex distribution shows not only a shape of a column with a much heavier top (13.5 percent aged 60 and older) and narrower bottom compared with Uganda (Figure 2-13), but also shrinking age cohorts at 15 to 19 to 25 to 29, reflecting rapid fertility declines during the 1990s and early 2000s. Tunisia's fertility transition is attributed largely to advanced economic development and education especially for women, increased age at marriage, and government promotion of family planning programs that lowered desired family size and improved contraceptive utilization (Frini and Muller, 2012; Ouadah-Bedidi and Vallin, 2013; Chida, 2014). Children of the smaller youth cohorts could further narrow the bottom of Tunisia's population pyramid, leading to an even older age structure in the next 10 to 20 years.

In contrast with both Uganda and Tunisia is Botswana, a country where the demographic transition

[13] The Census Bureau's IDB features ready-made population pyramids of all countries included in the IDB. Visit the IDB at <www.census.gov/data-tools/demo/idb/informationGateway.php> and explore the population pyramids.

Figure 2-13.

Population by Age and Sex for Selected African Countries: 2020



Source: U.S. Census Bureau, International Data Base, 2019.

is well underway but population aging has just entered an initial phase (Figure 2-13). Its age and sex distribution reveals past fertility declines in middle-age groups and stabilized fertility levels that resulted in similar sizes of the youngest age groups. Botswana's age 60 and older population makes up 8.1 percent of the country's total population in 2020, and its median age is 25.7 (U.S. Census Bureau, 2019). The major drivers for Botswana's fertility transition included improved child survival, a strong and comprehensive family planning program, increased age at first birth, increased female educational attainment and labor force participation, and economic growth (World Bank, 2010; Nkwe, Mukamaambo, and Malema, 2017; Republic of Botswana and UNFPA, 2018). These factors will propel Botswana's population aging in coming years and decades. Countries at similar stages of demographic transition include Cabo Verde, Côte d'Ivoire, Lesotho, Libya, and Morocco.

Africa has the highest total dependency ratio in the world, and children represent a much heavier societal support burden than older people.

A frequently used indicator to measure impact of population aging is the dependency ratio. Dependency ratios provide a gross estimate of the pressure on the productive population and offer an indication of a society's caregiving burden. There are varying calculations for dependency ratios; in this report the dependency ratio is defined as the number of people aged 60 and older per 100 people of working ages 15 to 59 (old-age dependency ratio) and the number of people aged

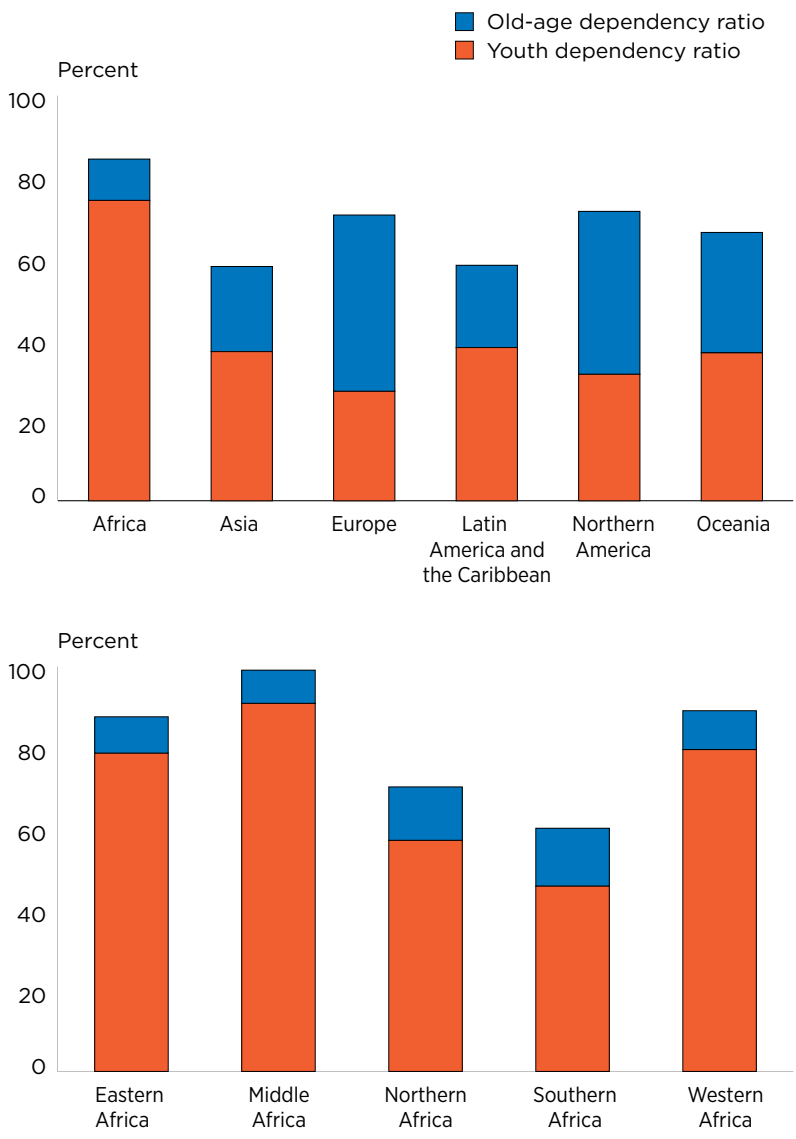
0 to 14 per 100 people aged 15 to 59 (youth dependency ratio). The old-age dependency ratio and youth dependency ratio combined constitute the total dependency ratio (TDR).

Note that not all individuals who fall in a certain age category are actually dependents or care recipients, especially in the context of many African countries. As will be discussed in Chapter 3, large proportions of older Africans remain economically active, whether in the formal or informal economy; and many make productive contributions to families and communities. The dependency ratios discussed below serve as a general indicator for societal support burden derived from broad age groups.

In 2020, Africa has the highest TDR of any world region; at 84, every 100 people aged 15 to 59 are supporting 84 young and older people combined (Figure 2-14). High-income regions, such as Europe and Northern America, are not far behind, at 70 and 71, respectively. However, the compositions of these dependency ratios are drastically different. Just about 12 percent of Africa's TDR is accounted for by the old-age dependency ratio compared to 62 percent of Europe and 56 percent of Northern America. Asia and Latin America currently have the lowest societal support burdens (TDRs under age 60), but with old-age dependency ratios already representing one-third of their TDRs.

The dependency ratios of African subregions show large societal support burdens that arise mainly from high youth dependency ratios (Figure 2-14). In the three subregions with very high TDRs (99 for Middle Africa and around 88 for Eastern Africa and Western Africa), only about 10 percent or less of the total support burden is accounted for by older people. The two older subregions, Northern Africa and Southern Africa, currently have lower TDRs

Figure 2-14.
Dependency Ratios for World Regions and African Subregions: 2020



Source: U.S. Census Bureau, International Data Base, 2019.

(70 and 60, respectively), but with higher proportions from older dependency ratios (accounting for near or more than 20 percent of their TDRs).

In all, older populations do not presently constitute a major societal support burden in Africa. In the longer term, the projected growth of older adults combined with decreasing birth rates, is expected to change the composition of TDR and raise old-age dependency ratios for Africa. In the shorter term, the incipient nature of Africa's population aging would present a potential window of opportunity for reaping a first demographic dividend by harnessing the region's young age structure to yield accelerated economic growth. At the same time, and with a view to gaining a potential second demographic dividend, an opportunity exists for governments and societies to prepare for the inevitable aging of their populations (Aboderin and Gelfand, 2019).

Box 2-2.

The Demographic Dividend in Africa

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The demographic dividend refers to the accelerated economic growth that may result from a decline in a country's mortality and fertility and the subsequent change in the age structure of the population. The decline in fertility results in a smaller portion of the population at child and youth ages and a larger portion in the labor force. Thus, population structure gradually shifts from the classic pyramid shape to a rectangular shape. The relative decline in youth dependents provides a window of opportunity for rapid economic growth and improved living standards. Although estimates vary as to the impact of demographic transition on economic growth, there is a widespread consensus that demographic changes not only reflect a country's development, but also accelerate that development (Population Reference Bureau, 2013).

In the African context, however, there are two important qualifications regarding the demographic dividend. First, as has been widely observed, the fertility transition in much of sub-Saharan Africa (SSA) has been slower than in other parts of the world (see Box 2-1). Given that relatively slow transition, population growth rates remain high and the age structure of most country populations in Africa will retain their pyramid shape for decades (Canning et al., 2015). The window of opportunity for the demographic dividend in SSA would not open for quite some time (Mason, 2005).

Second, even when the demographic transition proceeds more rapidly than before, there is no guarantee that the associated changes in population age structure will lead to accelerated economic growth. The ability for any society to reap the benefits of changing age structure depends on its ability to create jobs, make investments in education appropriate for anticipated employment, continue improvements in health, and maintain political stability (Drummond, Thakoor, and Yu, 2014; Sippel et al., 2011). Good governance is thus seen as critical to maximizing the benefits of the demographic dividend once it appears.

It is also important to note that Africa's demographic dividend, whenever it may occur, may be short in duration. After fertility has remained low for a long period of time, the population will age due to a rise in the proportion of the population at older ages. The rise in old age dependency will eventually outweigh any further decline in youth dependency. However, although such population aging might suggest a reversal of economic fortunes, many countries with rapidly aging populations continue to prosper. Researchers have proposed that there may indeed be a "second demographic dividend" if those in the labor force—aware of the adverse demographic impact of population aging on public social security systems—decide to save more for their retirement. Such savings may themselves provide an engine for investment and economic growth. In addition, rising health and longevity means that accumulated skills will be retained within the labor force for a longer period of time (Canning, Raja, and Yasbeck, 2015).

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Chapter 3.

Demographic, Social, and Economic Characteristics

Alongside aging trends, the social and economic circumstances and engagement of older people are central to the challenges and opportunities of Africa's aging and are relevant to overall development in the region (Aboderin and Gelfand, 2019). Of particular importance in this regard are older people's ability to meet basic needs, to learn, grow, and make decisions, to be mobile, to build and maintain desired relationships, and to contribute to society (World Health Organization, 2015; Beard et al., 2016). Opportunities for such goals are shaped by older adults' experiences with migration, their bonds and roles in families and communities, their work and risk of poverty, and the societal, community, and household environments within which they live (Kakwani and Subbarao, 2007; Schatz and Seeley, 2015; Madhavan et al., 2017; HelpAge and Samuel Hall, 2018; International Labour Organization [ILO], 2018a; Aboderin and Gelfand, 2019; United Nations Department of Economic and Social Affairs, Population Division [UNDESA-PD], 2019b).

RESIDENCE AND MIGRATION

Older Africans are largely concentrated in rural areas . . .

Evidence on older people's residence across rural and urban areas is a starting point for understanding not only the community-level built, physical, and institutional environments within which they live, but also their involvement in Africa's rapid urbanization.[1]

The proportion of Africa's total population that lives in urban areas has risen steadily over the last 70 years—from 14.3 percent in 1950 and 31.5 percent in 1990 to 42.5 percent in 2018 (UNDESA-PD, 2019a). While it remains the least urbanized of all world regions, Africa's pace of urbanization is projected to be the fastest globally in the decades leading up to 2050 (UNDESA-PD, 2019a). Within the region, Southern and Northern Africa will remain the most urbanized and Eastern Africa the least (Teye, 2018).

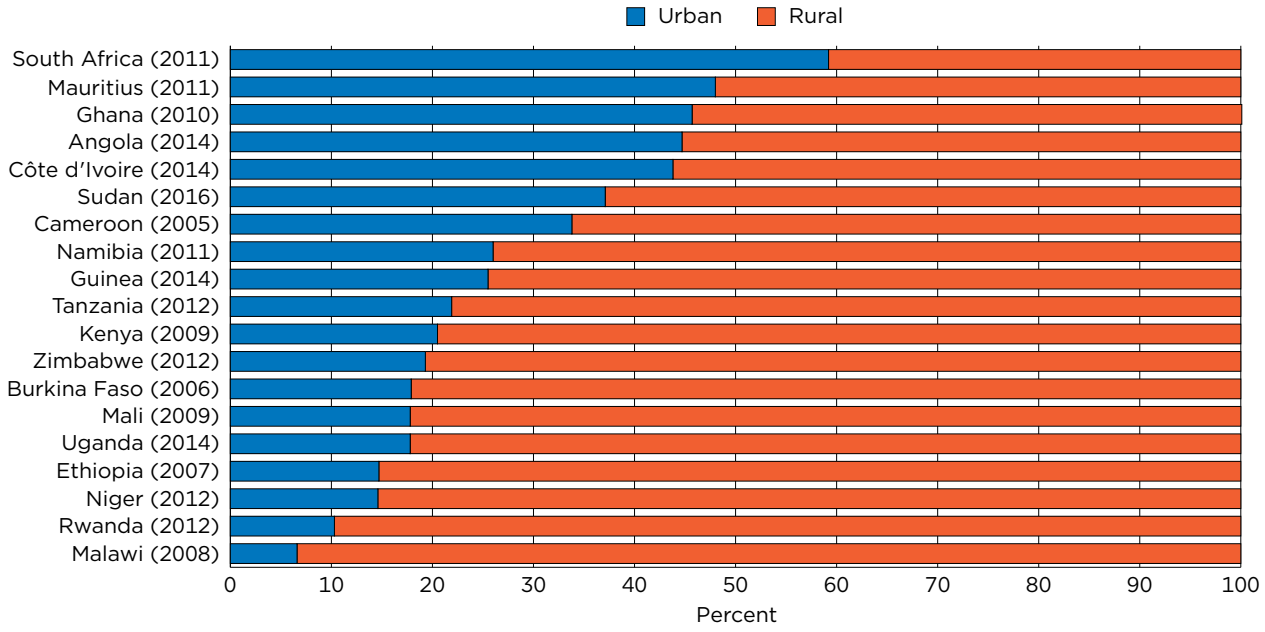
Alongside natural population growth and an urbanization of areas that were once rural, the migration of rural inhabitants to towns and cities is a key driver of Africa's urbanization (Ezeh et al., 2016; Lerch, 2017). A large majority of those who leave rural areas are young people (Deotti and Estruch, 2016; Food and Agriculture Organization of the United Nations [FAO], 2017). This, together with a return of urban migrants who have aged, can shift rural age structures toward a preponderance of older groups and engender a concentration of older adults in rural areas (Deotti and Estruch, 2016).

Census data for selected countries show that in all but South Africa, a majority of older adults lived in rural areas (Figure 3-1). The size of that majority varies from 90 percent or more in Rwanda and Malawi to 50 to 60 percent in Mauritius, Ghana, Angola, Côte D'Ivoire, and Sudan. Among others, such country differences reflect disparities in the rate of urbanization of the general population, with Malawi, for example, being among the least urbanized and South Africa among the more urbanized countries in sub-Saharan Africa (SSA) (UNDESA-PD, 2019a). The preponderance of older ages in rural populations, in all countries except Mauritius, is indicated by the substantially greater proportion of older compared to younger adults residing in rural areas (Table 3-1). In most countries, the share of rural dwellers among older people was also higher than or roughly equal to that of children (0–14 years). A contrasting pattern that older people are less likely to live in rural areas than children was observed in Mauritius, Ethiopia, and South Africa. Although some differences emerged in the degree of rural concentration of older male and female populations, sex differences were not noticeably large. An exception is South Africa, where a larger share of older women (42.8 percent) than older men (37.7 percent) lived in rural areas (Table B-4).

[1] According to the United Nations Statistics Division: Because of national differences in the characteristics that distinguish urban from rural areas, the distinction between the urban and the rural population is not yet amenable to a single definition that would be applicable to all countries or, for the most part, even to the countries within a region. Where there are no regional recommendations on the matter, countries must establish their own definitions in accordance with their own needs. Please visit <https://unstats.un.org/unsd/demographic/sconcerns/densurb/densurbmethods.htm>.

Figure 3-1.

Percent Distribution of the Population Aged 60 and Older by Urban/Rural Residence: Selected African Countries



Sources: National population and housing censuses for Burkina Faso, Cameroon, Ethiopia, Ghana, Kenya, Malawi, Mali, and South Africa; United Nations Statistics Division, Demographic Statistics Database, 2019 for Angola, Côte d'Ivoire, Guinea, Mauritius, Namibia, Niger, Rwanda, Sudan, Tanzania, Uganda, and Zimbabwe.

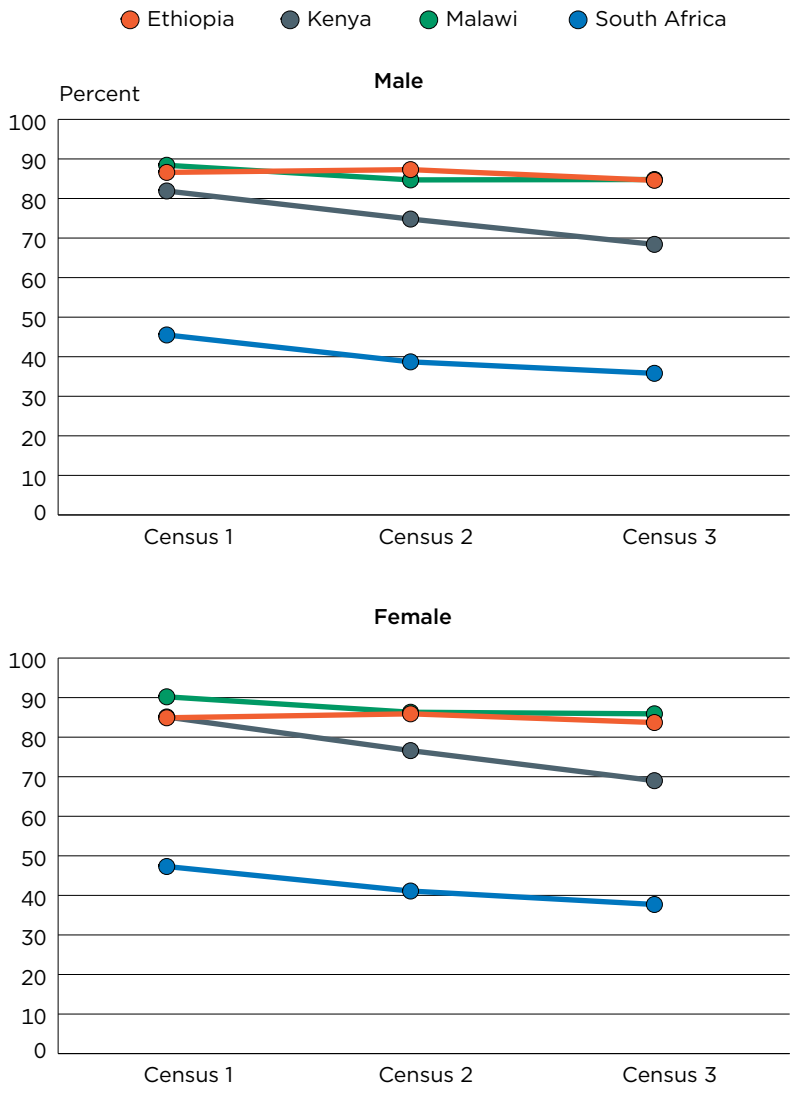
Table 3-1.

Percentage of the Population Living in Rural Areas by Age: Selected African Countries

Country and (year)	0 to 14 years	15 to 35 years	36 to 59 years	60 and older
Angola (2014)	38.9	32.2	39.0	55.3
Burkina Faso (2006)	81.7	71.0	76.2	82.1
Cameroon (2005)	56.2	43.9	49.8	66.2
Côte d'Ivoire (2014)	54.1	44.4	48.7	56.2
Ethiopia (2007)	88.6	78.8	83.6	85.3
Ghana (2010)	54.3	44.0	46.8	54.4
Guinea (2014)	69.5	57.8	66.2	74.5
Kenya (2009)	73.5	62.2	67.2	79.5
Malawi (2008)	87.1	81.6	86.4	93.4
Mali (2009)	80.5	72.2	76.9	82.2
Mauritius (2011)	63.5	61.0	58.8	52.0
Namibia (2011)	65.1	50.3	49.5	74.0
Rwanda (2012)	86.0	79.4	84.6	89.7
South Africa (2011)	44.4	34.3	30.4	40.8
Tanzania (2012)	75.5	63.6	68.4	78.1
Uganda (2014)	79.0	70.2	75.8	82.2

Sources: National population and housing censuses for Burkina Faso, Cameroon, Ethiopia, Ghana, Kenya, Malawi, Mali, and South Africa; United Nations Statistics Division, Demographic Statistics Database, 2019 for Angola, Côte d'Ivoire, Guinea, Mauritius, Namibia, Rwanda, Tanzania, and Uganda.

Figure 3-2.
Trends in the Percentage of Older Adults Living in Rural Areas by Sex: Selected African Countries



Note: For Ethiopia, Census 1 is 1984, Census 2 is 1994, Census 3 is 2007; for Kenya, Census 1 is 1989, Census 2 is 1999, Census 3 is 2009; for Malawi, Census 1 is 1987, Census 2 is 1998, Census 3 is 2008; for South Africa, Census 1 is 1996, Census 2 is 2007, Census 3 is 2011.
Sources: National population and housing censuses.

. . . But the older population is urbanizing, too.

Though remaining predominantly rural, data showed that Africa's older population is urbanizing also. The percentage of adults aged 60 and over dwelling in rural areas declined over past decades, albeit at different rates across countries (Figure 3-2). In the period between census points 1 and 3, Ethiopia and Malawi experienced limited declines in the proportion rural for both older men and women. In contrast, the shares of older women and men living in rural areas in Kenya and South Africa declined more markedly. This is especially the case for older women in Kenya, where the proportion rural dropped steadily from 85.1 percent in census point 1 to 76.6 percent in census point 2 and 69.0 percent in census point 3.

Older adults are less likely than younger people to migrate, although return to home areas of migrants who have aged is not uncommon.

Migration, both international and internal, is pervasive in Africa, driven largely by a search for employment and livelihood opportunities (FAO, 2017; UNDESA-PD, 2019c). A substantial proportion of African households count at least one migrated member. This share is 36 percent in Nigeria; 48 and 49 percent in Uganda and Burkina Faso, respectively; 55 percent in Sengal; and 65 percent in Kenya. In other countries, the shares are

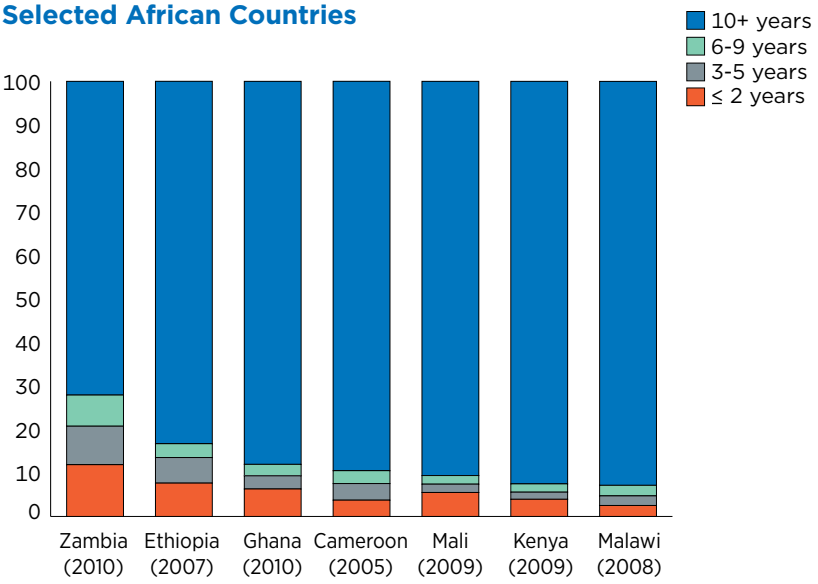
lower, such as in Malawi (19 percent), South Africa (12 percent), and Ghana and Ethiopia (below 10 percent) (FAO, 2017). Typically, a majority of internal emigrants originate from rural areas, while international migration appears dominated by urban households.

Data on older Africans' migration patterns are limited but evidence suggests that older people are much less likely than younger adults to migrate either internally or internationally (Reed, Andrzejewski, and White, 2010; FAO, 2017), or have the desire to emigrate to another country (Appiah-Nyamekye, Logan, and Gyimah-Boadi, 2019). Estimates show that a majority of emigrants in Africa are young, between 15 and 34 years old. For example, this age group accounts for 69 percent of all emigrants in Ghana and Uganda, 65 and 61 percent of those in Nigeria and Burkina Faso, and 56 percent of those in Senegal (FAO, 2017).[2]

Census data presented a limited propensity for geographic mobility among older Africans (Figure 3-3). Whether they reside in rural or in urban areas, the large majority of older adults have stayed in the same locality for 10 years or more. Roughly 90 percent or more reported such geographic immobility in later life in Cameroon, Ghana, Kenya, Malawi, or Mali.

Urban older adults are more likely, often considerably so, than their rural counterparts to have moved

Figure 3-3.
Percent Distribution of the Population Aged 60 and Older by Number of Years in Current Locality: Selected African Countries



Sources: National population and housing censuses.

locality in the last 2 years, with the exception of Ethiopia's earlier censuses (Table B-5). For example, 10.6 percent of older Malawians living in urban areas had moved in the past 2 years compared to 2.0 percent of their peers living in rural areas. Corresponding figures for Kenya are 9.1 percent and 2.6 percent, respectively.

Women appear more likely than their male counterparts to move in later life in some African countries. For example, in Zambia, the last census found 13.7 percent of older women to have moved within the last 2 years, compared to 9.8 percent of older men; for Cameroon, the respective estimates were 4.4 and 3.0 percent (Table B-5).

There are indications that geographical mobility in later life largely takes the form of return migration. While many internal and international migrants age in place in urban areas and in destination countries, particularly outside of Africa (King et al., 2016; UNDESA-PD, 2017a), returning to rural homes or home countries in later life are not uncommon (Reed, Andrzejewski, and White, 2010). An investigation in Nairobi found a 4.0 percent annual rate of out-migration among older urban slum dwellers (Falkingham, Chepngeno-Langat, and Evandrou, 2012).

Return of older migrants from other African countries, combined with a lower likelihood of emigration in older age, is reflected in the small proportion (4.5 percent) of SSA's total international migrant stock that is aged 65 or older; in comparison, 68.2 percent is aged 20 to 64, with 27.3 percent under the age of 20 (UNDESA-PD, 2017a, 2019c).

[2] Within this context, it is important to recognize older people's involvement in the migration of younger people; and the consequences of such emigration for those left behind. Some qualitative studies indicate that older adults can play direct or indirect roles in shaping younger people's decisions to migrate (HelpAge and Samuel Hall, 2018; Save the Children and Mixed Migration Centre, 2018).

Older adults whose children or other younger kin migrate may incur gains or losses as a result.

Africa accrues large remittance flows from both international and internal migration (FAO, 2017; UNDESA-PD 2019c), and evidence suggests that both kinds of migration often yield economic gains for households (FAO, 2017; Mueller, Doss, and Quisumbing, 2018; Teye, 2018). Older Africans whose children or other younger kin emigrate may incur gains or losses as a result. There is a plausible assumption, for example, that older people benefit from remittances sent by rural-urban or international migrants (HelpAge and Hall, 2018), although comprehensive data on the nature and extent of remittances received and on their use by older people is thus far not available (Nangia, 2015). At the same time, the out-migration of younger relatives can lead to deficits in the availability of care and support for older adults, as well as to their assumption of new roles as caregivers or guardians for dependent children whose parents have moved (Schatz and Seeley, 2015).

LIVING ARRANGEMENTS

Living arrangements at older ages reflect preferences and active choice, but also individuals' material, health, and other social resources or constraints (Reher and Requena, 2018). In turn, evidence on older people's living arrangements is important for understanding the range of interactions with kin or neighbors, shared normative expectations, capacities, and assigned responsibilities, that shape older adults' social and economic engagement, networks, and support (Biritwum et al., 2013).

Survey data may not fully capture the fluctuations, flexibility, and complexity of older adults' living arrangements.

National censuses and surveys, such as the Demographic and Health Surveys (DHS) or Living Standards Measurement Study (LSMS), capture individuals' living arrangements within the confines of households typically defined as discrete and bounded units. However, such definitions may omit the often complex and dynamic nature of living together in African settings. Such features include fluctuations or flexibility in the number of household members arising, among others, from seasonal labor migration or movement of children; as well as everyday bonds to, or support of, relationships with neighboring households or wider kin networks (Randall and Coast, 2015; Randall et al., 2015; Madhavan et al., 2017).

Caution is needed, therefore, in taking at face value national data on the size and composition of older adults' households in Africa and drawing inferences about the extent of their social support or engagement. This also applies to household types that are commonly seen as implying either a particular "structural" vulnerability—namely single or skipped generation households (Kautz et al., 2010; Golaz and Rutaremwa, 2011; Reher and Requena, 2018; UNDESA-PD, 2019b); or greater availability of support, namely multigenerational households with working-age adults.

A majority of older adults live in large, multigenerational households, though a significant and rising share live alone or in skipped-generation arrangements.

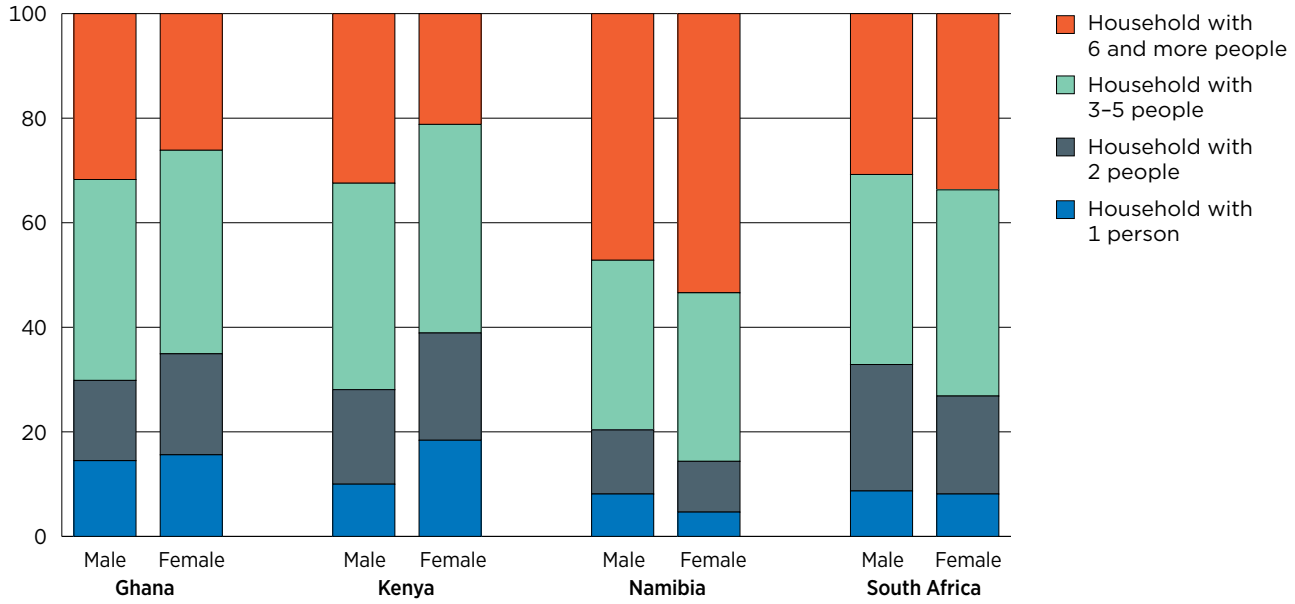
Household size: LSMS data for selected countries (Figure 3-4) show that a large majority of older adults live in households with more than three members, with country variations in rural-urban and gender patterns. The largest shares of older women and men living in large households with six or more members are found in Namibia—a pattern across rural and urban areas (Table 3-2). In contrast, households with three to five members are the most common household size for older men and women in Kenya and in urban Ghana and South Africa. Gender differentials in household

Table 3-2.
Percent Distribution of the Population Aged 60 and Older by Household Size and Urban/Rural Residence: Selected African Countries

Country and (year)	Urban household size				Rural household size			
	1	2	3 to 5	6 and over	1	2	3 to 5	6 and over
Ghana (2017)	14.9	20.0	43.6	21.6	15.4	15.6	34.5	34.5
Kenya (2015–2016)	16.1	20.0	39.1	24.9	14.1	19.2	39.9	26.8
Namibia (2015–2016)	9.0	16.0	33.8	41.2	4.8	8.5	31.7	55.0
South Africa (2014–2015)	9.3	26.4	40.7	23.7	6.7	11.0	33.6	48.8

Sources: Living Standards Measurement Surveys.

Figure 3-4.
Percent Distribution of the Population Aged 60 and Older by Household Size and Sex: Selected African Countries



Sources: Living Standards Measurement Surveys, Ghana 2017; Kenya, 2015–2016; Namibia, 2015–2016; South Africa, 2014–2015.

size emerge in all four countries. In Ghana and Kenya, older men are more likely than older women to live in the largest households; in Namibia and South Africa, the reverse is true.

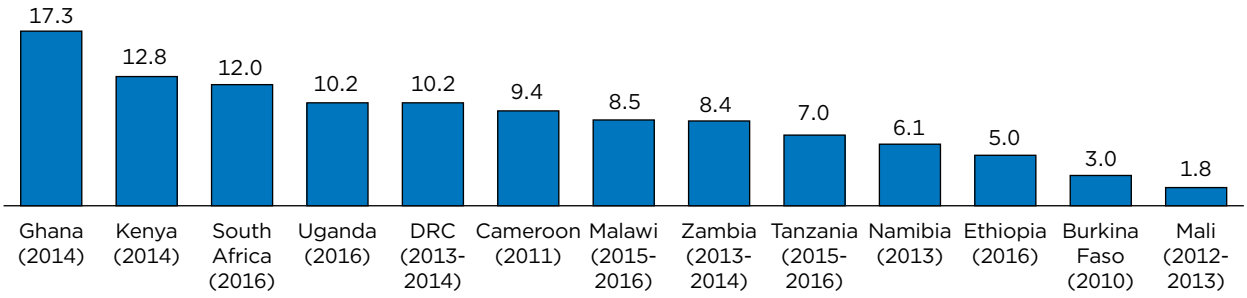
Single households—living alone: Single households are often assumed to imply limitations in the availability of daily care an older person can expect and how fast he or she can cope when a shock occurs (Golaz and Rutaremwa, 2011). Such a view aligns with limited evidence showing a link between living alone and depression among older adults in Africa (McKinnon, Harper, and Moore, 2013) and findings, mainly from the global North, of some associations between living alone and mortality risk in earlier older age and for men (Staehelin et al., 2012; Herm, Anson, and Poulain, 2016; Franke and Kulu, 2018).

The latest available international data show just 9.7 percent of adults over age 60 live alone in Africa—a higher proportion than for Asia (6.9 percent), but lower than for Europe (27.8 percent), Latin America and the Caribbean (12.6 percent), or Northern America (25.0 percent) (UNDESA-PD, 2017b). Within Africa, the share of older adults who live alone is similar across subregions ranging from 8.9 percent in Eastern Africa, to 9.7 and 9.8 percent, respectively, in Northern and Western Africa, 10.7 percent in Middle Africa, and 11.1 percent in Southern Africa. Rates vary substantially, however, between individual countries, even within the same subregion. In Mali and Burkina Faso, for example, respectively 1.8 and 3.0 percent of older people live in single households, compared to 17.3 percent in Ghana (Figure 3-5), a similar level to those observed in some European countries such as Portugal or Serbia (UNDESA-PD, 2017b).

As in most other world regions, the share of older people in single households has risen in Africa, but only slightly—by 2 percentage points from 8 percent in 1990. The increase is larger than that observed in Asia (1 percentage point) and somewhat lower than in Europe (3 percentage points) and Latin America and the Caribbean (4 percentage points). In Northern America the share of older people living alone decreased by 2 percentage points between 1990 and 2010 (UNDESA-PD, 2017b).

Clear gender and age differences exist in the likelihood of living alone in older age. For Africa as a whole, a much larger share

Figure 3-5.
Percentage of the Population Aged 60 and Older Living Alone: Selected African Countries



Note: DRC is the Democratic Republic of the Congo.
Sources: Demographic and Health Surveys.

of older women (13.2 percent) than older men (6.5 percent) lives alone—a pattern ascribed to women's higher life expectancy and levels of widowhood or divorce, and a greater frequency of remarriage after widowhood or death among men. This gender pattern holds for Eastern, Middle, Northern, and Western Africa, but not for Southern Africa, where older men are just as likely to live alone as older women. In all subregions, rates of living alone rise with age. In Africa as a whole, 13.3 percent of adults aged 80 and over live in single households, compared to 9.2 percent of those aged 60 to 79. Older women aged 80 and above are the most likely to live alone, 17.4 percent are estimated to do so (UNDESA-PD, 2017b).

Skipped-generation households: Skipped-generation households refer broadly to households where the old and young generations live together with the middle generation absent. The United Nations (UN) defines skipped-generation households as those in which "grandparents live with their grandchildren without the parents of the grandchildren being present in the household" (UNDESA—PD, 2019b).[3] UN data show such households to be most common in SSA, the Caribbean, and Central America, with the highest prevalence, more than 30 percent, recorded in Lesotho, Malawi, Rwanda, Uganda, and Zambia—countries with a high prevalence of children orphaned by HIV/AIDS (UNDESA-PD, 2019b). Trend data indicate that the prevalence of such households has increased between 1980 and 2015 in most African countries (UNDESA-PD, 2019b).

In African settings, such arrangements arise as a response to labor-related migration or death of the middle generation, especially in the context of HIV/AIDS; or the fostering of children born out of wedlock (Reijer, 2013; Schatz and Seeley, 2015; UNDESA-PD, 2019b). The implied care burden for dependent children and absence of a working-age adult is assumed to confer a heightened vulnerability on older persons in skipped-generation households (Golaz and Rutaremwa, 2011; Reijer, 2013).

Clear gender differences are observed in the likelihood of living in skipped-generation households, with a considerably higher proportion of older women than older men living in such arrangements. The highest female-male differences are observed in Namibia (14.1 percentage points) and Rwanda (18 percentage points; UNDESA-PD, 2019b).

Figure 3-6 captures arrangements that involve coresidence between an older person over age 60 and a dependent child (0 to 14 years old) without a working-age adult,

[3] It is worth noting that the UN definition of skipped-generation households allows room for grandparents under age 60 and grandchildren over the age of 18; whilst it excludes the broader spectrum of older socioemotionally designated grandparents, which are salient in African extended family contexts (Reijer, 2013).

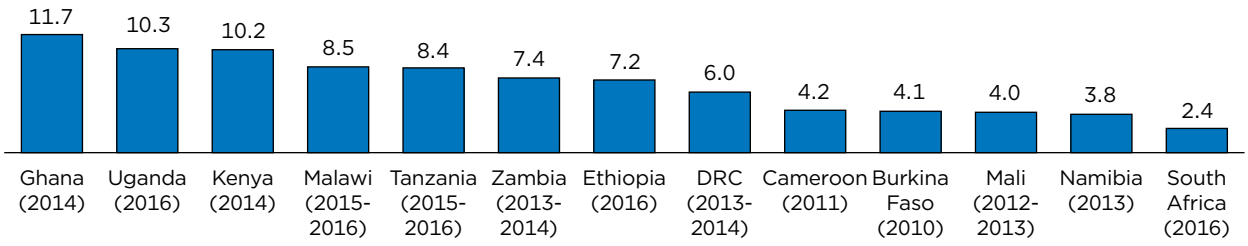
where care responsibilities on the part of the older adult (as well as possible reciprocal support by the child) may be implied (Golaz and Rutaremwa, 2011; Reijer, 2013). The data for selected countries show marked variations in the prevalence of such skipped households, ranging from below 5 percent in Burkina Faso, Cameroon, Mali, Namibia, and South Africa to above 10 percent in Ghana, Kenya, and Uganda.

The prevalence of skipped-generation households is considerably higher in rural than in urban areas, possibly a result of working adults' rural-urban migration (see Table B-6). In Malawi, for example, more than 1 in 5 rural older adults live in skipped households, compared to just below 1 in 10 of their urban counterparts. The exceptions are Ghana and Kenya, where rates of skipped households are similar between urban and rural areas. In both areas, older women are more likely than older men to live with dependent children without an adult of working-age—and in all countries except Ghana, this gender difference is much more pronounced in rural than in urban localities. In Malawi, for example, 27.5 percent of rural older women live in skipped households compared to 14.2 percent of rural older men. Corresponding figures for Mali are 15.4 and 5.2 percent, respectively.

Multigenerational households: A majority of older Africans (59.6 percent) continue to live in extended family households with at least one of their children. This is a slightly lower share than in Asia (64.2 percent), but higher than that for Latin America and the Caribbean (52.0 percent), Europe (20.6 percent), and Northern America (19.2 percent) (UNDESA-PD, 2017b). Within Africa, major subregional differences exist in rates of older adults' coresidence with their children. In Southern Africa, less than half (47.3 percent) of older adults live in such arrangements compared to 56.2 and 56.4 percent, respectively, in Eastern and Middle Africa, 63.2 percent in Western Africa, and 65.6 percent in Northern Africa (UNDESA-PD 2017b).

In Africa as a whole, older men are much more likely to live with their children (65.6 percent) than are older women (53.1 percent). This pattern contrasts with those

Figure 3-6.
Percentage of the Population Aged 60 and Older Living in Skipped-Generation Households: Selected African Countries



Note: DRC is the Democratic Republic of the Congo. Skipped generation refers to households with at least one older person 60 years and older and one or more children 0–14 years old but no working-age adults.
Sources: Demographic and Health Surveys.

observed in Asia or Latin America and the Caribbean, where larger shares of older women than older men live with their children, or in Europe where no gender differences exist (UNDESA-PD, 2017b). The greater likelihood of older African men living with their children is observed in all subregions within Africa, except Southern Africa where the pattern is reversed (UNDESA-PD, 2017b). In Africa as a whole, older old (ages 80 and over) are less likely (53.2 percent) to coreside with at least one of their children than are younger old (ages 60 to 79; 60.6 percent)—a trend found in all subregions. A similar pattern is observed in Asia, but not in other world regions where age differences in rates of living with one's own children are negligible.

SOCIAL ROLES

Within the contexts of their rural or urban areas of residence and living arrangements, older adults assume a spectrum of social roles at both family and community levels. Findings from some dispersed research point to four broad types of roles that older people play by virtue of their generational position—in particular as grandparents—or their seniority, namely: caregivers or guardians of young children, providers of financial support, advisors, and traditional or religious leaders (Aboderin and Gelfand, 2019). While it is plausible to assume a preponderance of adults aged 60 and older in these roles, it is important to note that no confirmatory data on this exist to date.

Older Africans, especially older women, play an active role of caregivers or guardians of younger-generation kin.

The role of older Africans, and especially of older women, as active caregivers or guardians of younger-generation kin has received particular attention within the context of the HIV/AIDS epidemic (Aboderin and Beard, 2015). Studies in various countries have shown grandmothers to be the prime caregivers of large shares of grandchildren orphaned by the disease, as well as of adult children afflicted by it (Reijer, 2013; Schatz and Seeley, 2015). Evidence shows that grandparents' roles as caregivers of younger children go beyond settings marked by HIV/AIDS. In both rural and urban settings, and aligned with cultural norms, they feature in everyday contexts where parents are absent during the day for work, have migrated for employment, or have otherwise limited capacities (Schatz and Seeley, 2015; Clark et al., 2017; Madhavan et al., 2017; Sear and Hassan, 2019).

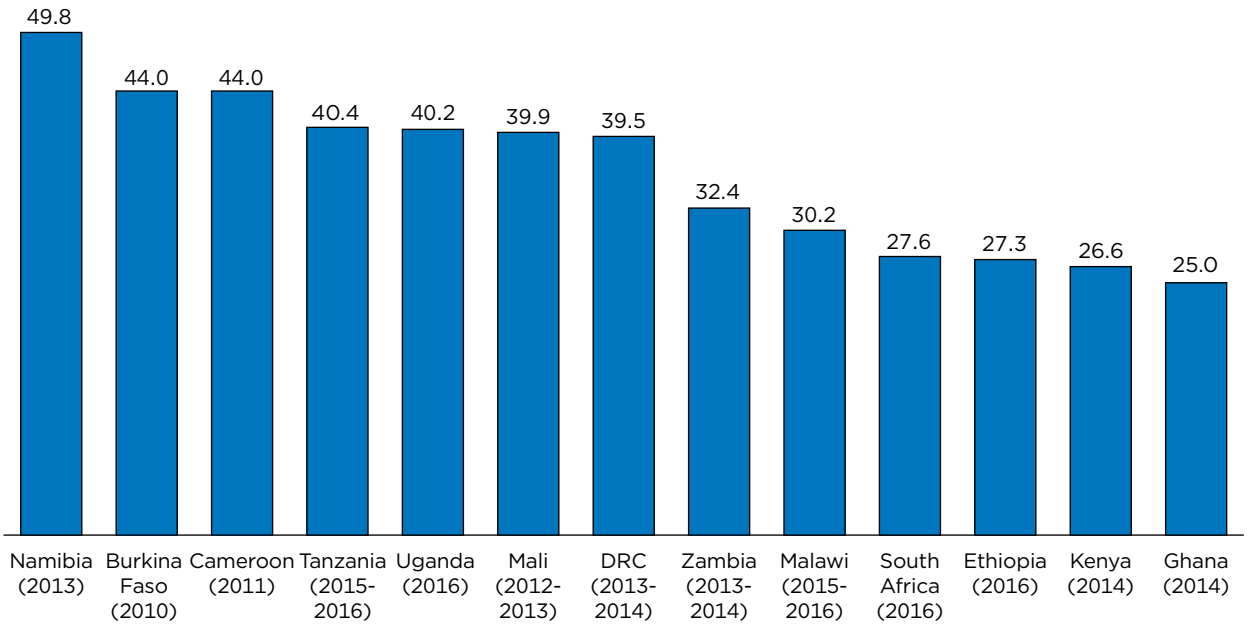
A recent investigation of sources of support for single mothers in urban informal settlements in Nairobi, for example, found that 45 percent of the child's maternal grandmothers and close to 10 percent of maternal grandfathers provide help with child care—with maternal grandmothers four times as likely as any other kin, except sisters, to offer child care (Clark et al., 2017). The same study found that while such provision of child care goes beyond household boundaries, it is pronounced where the grandparent resides in the same household as the young child.

Figure 3-7 presents percentages of older Africans who reside with a young child (under the age of 5) for selected countries. The estimates show that rates of such coresidence are substantial, ranging from about 25 to 30 percent in Ghana, Ethiopia, Kenya, Malawi, South Africa, and Zambia to around 40 to 45 percent in Burkina Faso, Cameroon, Democratic Republic of the Congo (DRC), Mali, Tanzania, and Uganda—and a high of about 50 percent in Namibia. In several countries, as Table 3-3 illustrates, little difference in the likelihood of living with a young child is observed between older men and older women. In other countries, such as Burkina Faso, Ghana, Mali, Namibia, and South Africa, older women are more likely to live with young children than older men; in Kenya and Uganda the opposite is true. In Ethiopia, Ghana, Namibia, and South Africa, larger shares of rural older men and women live with a young child than their urban counterparts while, for example, the pattern is reversed in the DRC.

Substantial shares of older Africans provide financial support to adult children and grandchildren.

Evidence suggests that substantial shares of older adults provide financial support to younger-generation kin, in particular adult children and grandchildren with limited resources of their own. An investigation of sources of support to single mothers in urban slums in Nairobi found 50.0 percent of maternal grandmothers and 40.0 percent of maternal grandfathers offered financial support. Maternal grandmothers were more than twice as likely as maternal

Figure 3-7.
Percentage of the Older Adult Population Living With Children Aged 5 and Under: Selected African Countries



Note: DRC is the Democratic Republic of the Congo.
Sources: Demographic and Health Surveys.

Table 3-3.
Percentage of the Older Adult Population Living With Children Aged 5 and Under by Sex and Urban/Rural Residence: Selected African Countries

Country and (year)	Total	Percent of males living with children			Percent of females living with children		
		Total	Urban	Rural	Total	Urban	Rural
Burkina Faso (2010)	44.0	41.0	43.1	40.5	48.0	48.1	48.0
Cameroon (2011)	44.0	44.0	43.6	44.2	44.0	44.8	43.6
DRC (2013–2014)	39.5	39.3	47.5	35.5	39.7	46.3	36.5
Ethiopia (2016)	27.3	26.9	16.2	28.5	27.8	15.5	30.4
Ghana (2014)	25.0	23.1	18.0	27.3	26.5	23.1	29.9
Kenya (2014)	26.6	29.1	21.3	31.2	24.5	21.9	25.1
Malawi (2015–2016)	30.2	30.5	29.5	30.6	30.1	25.0	30.4
Mali (2012–2013)	39.9	38.4	40.3	37.9	43.2	52.8	40.0
Namibia (2013)	49.8	44.5	30.3	50.4	53.4	40.2	57.7
South Africa (2016)	27.6	24.3	17.6	35.7	29.6	21.8	39.6
Tanzania (2015–2016)	40.4	41.9	39.3	42.6	39.0	36.7	39.7
Uganda (2016)	40.2	42.2	36.7	43.3	38.7	33.7	39.7
Zambia (2013–2014)	32.4	32.2	35.9	30.4	32.6	35.4	31.3

Note: DRC is the Democratic Republic of the Congo.
Sources: Demographic and Health Surveys.

grandfathers to provide financial support (Clark et al., 2017).

Studies on the use of social pensions in South Africa highlight the widespread practice of older beneficiaries sharing their pension income with younger-generation kin within and outside of their households for supporting their education, health, or other basic needs (Schatz, 2007; Nyirenda et al., 2014; Bando, Galiani, and Gertler, 2016).

Older people often provide advice or guidance to their children and play roles as elders or community leaders.

Anthropological studies and evidence on population health issues in low-resource settings highlight the roles of elder women, in particular grandmothers, as advisors, counselors, and guides on raising children, maternal and reproductive health, and decision-making. Through such advisory functions, older women wield influence and provide direction on the feeding, including breastfeeding of infants, on maternal nutrition and childbirth, and on the health and socialization of children (Aubel, 2012, 2019; Faye, Fonn, and Kimani-Murage, 2019; United Nations International Children's Emergency Fund [UNICEF], 2019).

Evidence on older adults' community-level roles from a number of countries highlights their positions as elders or traditional or religious leaders. Facets of such functions include, among others, engagement in mediation or conflict resolution (Logan, 2011; Kariuki, 2015) as well the provision of guidance on the application or interpretation of customary norms regarding sexual and reproductive health issues. Such issues include, for example, access to contraceptive services or the continuation of harmful practices such as child marriage or female genital cutting (Muanda et al., 2017; Aborigo et al., 2018; Centre for Human Rights, 2018; Kimani and Kabiru, 2018; Steven et al., 2019).

Many older Africans have small social networks, often limited to family members.

A substantial body of research from high-income countries documents the nature of older adults' social networks and support and the importance for their well-being and quality of life (Tomini, Tomini, and Groot, 2016). Evidence on these issues for older Africans remains minimal. Unique findings from a recent community-based study in rural South Africa show that adults over the age of 40, overall, have small and dense networks of people that they interacted with daily, often members of the same household. Those aged over 60, in particular older women, reported smaller social networks than their middle-aged counterparts; fewer nonkin social contacts; fewer contacts offering emotional support, and less phone or digital communication with their contacts (Harling et al., 2020). Men aged 60 to 69 years reported an average of 3.23 persons with whom they interacted at least monthly, with slightly lower numbers for those aged 70 to 79 years (2.99) and 80 years or over (2.93). A decline in average number of contacts with age was also observed among older women, who, overall, reported fewer contacts than men: 60 to 69 years (3.05), 70 to 79 (2.76), and 80 and over (2.45; Harling et al., 2020).

Being married emerged as a key determinant of social network size and communication frequency among older people; but working or being employed did not (Harling et al., 2020). Evidence from rural Zambia suggests that social networks may be particularly constrained for older adults caring for children in skipped-generation households (Reijer, 2013).

WORK AND PENSIONS

Less than one-fourth of older adults above the statutory retirement age in SSA are covered by a pension.

In high-income countries, where work is concentrated in the formal economy (ILO, 2018a), questions of work in later life are defined by the ubiquity of statutory retirement, typically at ages 60 to 65 or earlier, followed by receipt of a formal pension. In Northern America and in Northern, Western, and Southern Europe, virtually all older people above the statutory pensionable age are covered by such income security (ILO, 2018b). Partly as a consequence, labor force participation (LFP) rates among adults aged 65 or over are low. The 2018 LFP rate in high-income countries was 13.7 percent (Baxter, 2018).

A markedly different situation exists in Africa, where the bulk of labor (85.8 percent) continues to be informal (ILO, 2018a), and where statutory retirement and associated pensions, which exist in most countries (U.S. Social Security Administration and International Social Security Association, 2019), only cover a small minority of older people who were employed in the public and other sectors of the formal economy. Only 12 African countries thus far—Algeria,

Box 3-1.

Long-Term Care Arrangements and Adequacy—Who is Taking Care of the Older People in Africa?

By: Isabella Aboderin, African Population and Health Research Center

In most of Africa, the provision of long-term care (LTC) and support to older adults who are no longer able to live independently remains overwhelmingly with the family, in line with customary norms that emphasize obligations of families and younger-generation kin to care for and support elders (Epping-Jordan and Aboderin, 2017; Essuman, Agyemang, and Mate-Kole, 2018; Aboderin, 2019). With a few exceptions (e.g., Mauritius, Seychelles, and South Africa), systems of organized LTC provision have not yet been developed. Nevertheless, an organic and uncoordinated growth of organized care services, offered in particular by the private or charitable sectors, has been observed in several contexts (Coe, 2016; Epping-Jordan and Aboderin, 2017; Esquivel and Kaufmann, 2017; Essuman, Agyemang, and Mate-Kole, 2018; ILO, 2018e; Aboderin, 2019).

Findings from dispersed smaller scale surveys and qualitative studies point to four salient features in LTC provided by families:

- Predominance of women, particularly daughters, daughters-in-law, and spouses among those providing care, although men and more extended kin, including grandchildren, also play a role (Berthe et al., 2014; Epping-Jordan and Aboderin, 2017). A small-scale survey of family caregivers of older adults registered in a support group in peri-urban Ghana, for example, found 68.4 percent to be women (Berthe et al., 2014; Nortey et al., 2017).
- Presence of deficits in the availability of family care (Epping-Jordan and Aboderin, 2017). A representative study in Southwest Nigeria, for instance, found almost 1 in 5 (19.8 percent) of older care-dependent adults to lack a caregiver (Gureje et al., 2006).
- Shortfalls in the adequacy or quality of care provided by families. Studies indicate instances of inconsistent or poorly timed help, for example with toileting, physical neglect, and a discounting of care recipients' needs or wishes, with attendant implications for their mental well-being, dignity, and sense of autonomy (Epping-Jordan and Aboderin, 2017; Aboderin, 2019).
- Financial and opportunity costs, as well as costs to mental and physical well-being among family caregivers (Epping-Jordan and Aboderin, 2017). Almost two-thirds (62.6 percent) of caregivers in the peri-urban survey in Ghana, for example, reported their financial situation to have worsened as a result of caregiving (Nortey et al., 2017).

Recent data on LTC in two demographic surveillance sites in SSA (Harling et al., 2019; African Population and Health Research Center [APHRC], 2019) illustrate variations and similarities in care need, arrangements, and adequacy across rural and urban contexts. The data derive from two unrelated but similar analyses—as part of the Health and Aging in Africa: A Longitudinal Study of an INDEPTH Community in South Africa (HAALSI) study on adults aged 40 years and over in the rural Agincourt Health and Demographic Surveillance System, Mpumalanga province, South Africa (Harling et al., 2019); and a survey on realities and experiences of LTC in the Nairobi Urban Health and Demographic Surveillance System (NUHDSS) in two urban informal settlements or 'slums' in Nairobi, Kenya (APHRC, 2019).

Continued on next page.

In Agincourt, 17.2 percent of the population aged 60 and over had LTC need, measured as impairment in at least one activity of daily living (ADL). In the NUHDSS older population, about 5 percent of older adults had at least one ADL limitation and a further 4 percent of respondents reported no ADL limitation but difficulties in their ability to perform at least one instrumental activity of daily living (IADL). In both settings, ADL limitations increased with age and, in the NUHDSS but not in Agincourt, were more prevalent among older women than men. The low levels of ADL limitations in the older NUHDSS population are striking. They may plausibly result from a preferential return migration to rural areas (Falkingham, Chepngeno-Langat, and Evandrou, 2012), or selective mortality of severely disabled older adults (Berthe et al., 2014; Bergland et al., 2017).

Five percent of those with ADL or IADL limitations in the NUHDSS reported having no caregiver. For those who received care, care was mainly provided by a daughter (33 percent), a grandchild (21 percent), a spouse (16 percent), a son (9 percent), or daughter-in-law (6 percent). More than 1 in 10 older adults with ADL/IADL limitations perceived the care they received as inadequate, while 16 and 22 percent, respectively, of those with difficulties in bathing and difficulties in toileting reported an inadequate frequency of care.

In the total survey population in Agincourt, over one-third (35.8 percent) of adults aged 40 and over reported not having a caregiver. A majority of those receiving care reported their spouse (22.4 percent) or another relative (44.2 percent) as their main care provider.

Botswana, Cabo Verde, Egypt, Eswatini, Kenya, Lesotho, Mauritius, Mozambique, Namibia, Seychelles, South Africa—have established national social pension schemes for the large remainder of the older population (ILO, 2018b; HelpAge, 2019).[4] Of the existing schemes, only five are universal—Botswana, Kenya, Mauritius, Namibia, and Seychelles—the others being either means- or pension-tested; and ages of eligibility vary from 70 years in Kenya and Lesotho, 65 in Egypt and Botswana, 63 in the Seychelles, and 60 in Algeria, Cabo Verde, Eswatini, Mauritius, Mozambique, Namibia, and South Africa.

In all, just 22.7 percent of adults above the statutory retirement age in SSA are covered by a pension, the lowest rate of any world region. In Northern Africa, 47.0 percent are covered (ILO, 2018b). The adequacy of existing pensions in terms of offering genuine income security remains a major challenge (ILO, 2018b).

In SSA, 7 in 10 adults aged 60 to 64 and almost half of those aged 65 and older remain in the labor force, higher than all other world regions.

Within this context, LFP among older adults in Africa, in particular in SSA, is higher than in any other world region (Figure 3-8).[5, 6] Almost 70 percent of older adults aged 60 to 64 in SSA remain in the labor force, compared to 57.0 percent in Northern America, around 50 percent in Latin America and the Caribbean, Asia, and the Pacific, and over 30 percent in Arab states. The low share (28.0 percent) in Northern Africa may reflect a greater pension coverage in the region (ILO, 2018b).

A similar contrast between SSA and other regions emerges in the LFP among adults 65 years and over. As Figure 3-8 further illustrates, close to 50 percent of this group remain in the labor force in SSA, compared to about 20 to 25 percent in Asia and the Pacific, Northern America, and Latin America and the Caribbean; and 15 percent or less in Arab states, Northern Africa, and Europe and Central Asia.

Latest available labor statistics suggest that virtually all older workers aged 65 and over in Africa (96.0 percent) are engaged in the informal economy, a considerably larger share than for adults aged 35 to 54 (79.7 percent), 30 to 34 (83.1 percent), or 25 to 29 (85.5 percent) (ILO, 2018a).

[4] Eswatini, formerly known as Swaziland, changed its name in 2018.

[5] ILO modeled estimates. Regions based on ILO.

[6] According to the ILO: Labor force surveys are the preferred source of information for determining the labor force participation rate and related indicators. Such surveys can be designed to cover virtually the entire noninstitutional population of a given country, all branches of economic activity, all sectors of the economy, and all categories of workers, including the self-employed, contributing family workers, casual workers, and multiple jobholders. See <https://ilostat.ilo.org/resources/methods/description-labour-force-participation-rate/>.

Given the earlier mentioned concentration of older Africans in rural areas and the dominance of smallholder agriculture in Africa's rural economy (Alliance for a Green Revolution in Africa [AGRA], 2017; Barrett et al., 2017; AGRA, 2018), it is reasonable to assume that a majority of older Africans who remain in the labor force are engaged in smallholder agriculture.

In Africa and other world regions, older adults who remain in the labor force are less likely to be unemployed than the average working-age population. This pattern appears not to reflect older adults' greater ability to secure jobs, but rather their greater likelihood of leaving the labor force altogether when becoming jobless (ILO, 2018c).

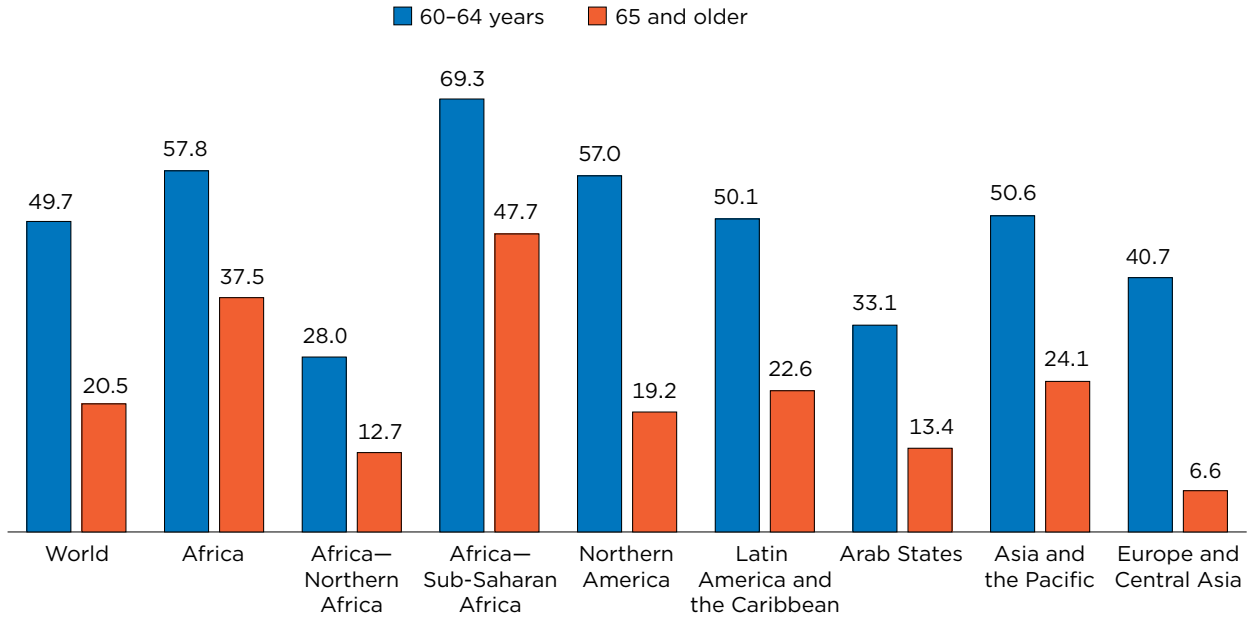
Beyond active work, it is worth noting that older adults assume key functions in agricultural production, including as plot managers, decision-makers on land use (AGRA, 2015), or land owners. Reported data from LSMS-Integrated Surveys of Agriculture show that 60 to 70 percent of rural adults over age 60 in Tanzania and Uganda and just under 50 percent in Malawi owned at least one plot of land—higher proportions than among younger age groups in these countries (Filmer and Fox, 2014).

Older Africans' labor force participation differs markedly by age and gender and among countries, reflecting divergent pension availabilities and structural or sociocultural contexts.

A closer look at older Africans' LFP by country, sex, and age shows a number of patterns (Table 3-4). First are marked and consistent differences by age—with aged 60 to 64 much more likely than those aged 65 and over to remain in the labor force—possibly reflecting a combination of declining capacities or opportunities or preference for work, or a greater pension eligibility with advanced age. Second are notable differences between older men and women—with consistently higher shares of the former than the latter in the labor force, a gender gap that prevails across working ages and regions and reflects a spectrum of barriers to female employment (ILO, 2018d). Third are striking differences in older age LFP between countries, reflecting divergent pension availabilities, structural and sociocultural contexts.

Table 3-4 shows that for women aged 60 to 64, LFP rates range from highs of above 90 percent

Figure 3-8.
Labor Force Participation Rates of Older Adults by Age for World Regions: 2019
(In percent)



Note: International Labour Organization (ILO) modeled estimates. Regions based on ILO.
Source: International Labour Organization, ILOSTAT, 2019.

Table 3-4.
Labor Force Participation Rates of Older Adults by Sex and Age: Selected African Countries
(In percent)

Country and (year)	Male		Female	
	60 to 64 years	65 and older	60 to 64 years	65 and older
Algeria (2017)	30.6	10.0	3.1	1.2
Burkina Faso (2014)	72.3	49.5	52.5	30.8
Burundi (2014)	88.0	67.6	88.1	56.1
Cameroon (2014)	83.9	66.9	78.1	55.1
Côte d'Ivoire (2016)	72.6	51.2	47.4	28.3
Egypt (2017)	41.5	22.3	6.9	2.7
Eswatini (2016)	39.2	25.0	34.1	17.1
Ghana (2015)	66.6	47.0	62.5	37.5
Liberia (2016)	89.3	72.7	69.7	50.5
Madagascar (2015)	90.3	71.0	81.9	57.9
Malawi (2017)	43.0	32.4	26.2	15.3
Mali (2016)	77.6	42.0	35.7	14.4
Mauritius (2017)	56.5	18.3	19.3	5.3
Mozambique (2015)	87.4	79.7	82.7	70.1
Namibia (2016)	47.8	34.3	31.5	21.1
Niger (2014)	89.9	67.9	61.0	32.8
Nigeria (2016)	62.2	39.9	57.9	38.9
Rwanda (2014)	88.5	74.2	91.7	75.7
Senegal (2015)	60.0	28.5	26.4	14.5
Sierra Leone (2014)	72.6	56.0	58.2	29.8
South Africa (2017)	35.6	10.8	21.6	4.1
Tanzania (2014)	94.5	71.5	80.1	54.8
Togo (2015)	40.2	34.7	48.6	35.4
Zambia (2017)	41.7	25.0	26.1	12.1

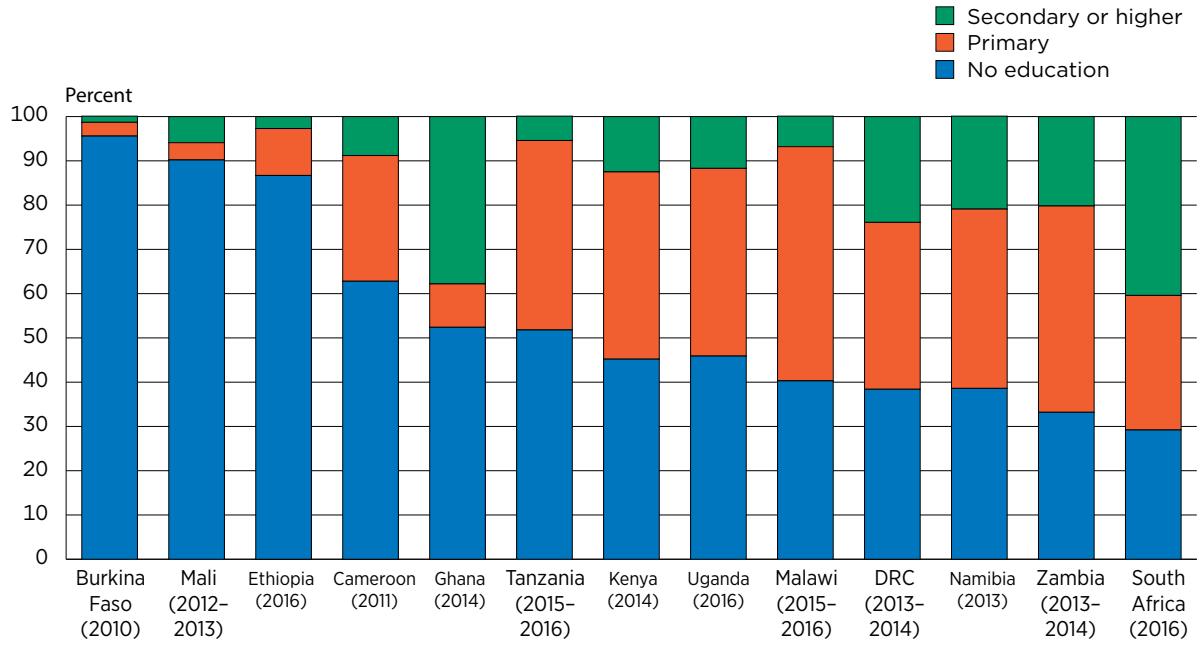
Source: International Labour Organization, ILOSTAT, 2019.

in Rwanda and 75 percent or more in Burundi, Cameroon, Madagascar, Mozambique, and Tanzania to between 50 and 75 percent in Burkina Faso, Ghana, Liberia, Niger, Nigeria, and Sierra Leone; between 25 and 50 percent in Côte d'Ivoire, Eswatini, Malawi, Mali, Namibia, Senegal, Togo, and Zambia; and lows of less than 25 percent in Mauritius and South Africa, and less than 10 percent in Algeria and Egypt. The percentage of women aged 65 and over who remain in the labor force is lower than women aged 60 to 64 in all countries but ranges from over 75 percent in Rwanda to less than 25 percent in Eswatini, Malawi, Mali, Mauritius, Namibia, Senegal, South Africa, and Zambia, reaching a low of less than 3 percent in Algeria and Egypt. In Burundi, Cameroon, Liberia, Madagascar, Mali, Mozambique, Niger, and Rwanda, more than 75 percent of men aged 60 to 64 remain in the labor force, with a high of about 95 percent in Tanzania (Table 3-4). In Burkina Faso, Côte d'Ivoire, Ghana, Mauritius, Nigeria, Senegal, and Sierra Leone, the share is between 50 and 75 percent. Between 25 and 50 percent remain in the labor force in Algeria Egypt, Eswatini, Malawi, Namibia, South Africa, Togo, and Zambia. LFP rates for men 65 and over are lower than men aged 60 to 64 and vary from more than 75 percent in Mozambique, to less than 25 percent in Algeria, Egypt, Mauritius, and South Africa.

Older Africans, in particular older women, contribute substantial levels of unpaid domestic and care work.

Beyond a focus on the scope of older adults' paid labor, it is important to consider their engagement in unpaid work—performed mainly within household contexts and encompassing both domestic work such as cooking, cleaning, washing, collecting firewood or water; and the care

Figure 3-9.
Educational Attainment of the Population Aged 60 and Older: Selected African Countries



Note: DRC is the Democratic Republic of the Congo.
Sources: Demographic and Health Surveys.

of dependent children or others. Data from national time-use surveys in a number of African countries (Horstead and Bluestone, 2018) show that older women spent substantial amounts of time each day on such labor—ranging from about 2.5 hours in Benin, Cameroon, Ghana, Ethiopia, and Tanzania to about 3.5 hours in Algeria and South Africa, and 4 hours or more in Mauritius and Tunisia. Consistently, the extent of older women's unpaid work far exceeds that performed by older men.

ECONOMIC WELL-BEING AND POVERTY

In some SSA countries, 9 in 10 older adults have no education, and lack of formal education is more prevalent among older women than men and in rural areas than urban.

Education, in particular primary education, is recognized as a key driver of health, earnings, formal employment, and poverty reduction for individuals (World Bank, 2018), although robust evidence on returns of education in later life are not available thus far (Psacharopoulos and Patrinos, 2018).

Data on levels of education among older Africans (Figure 3-9; Table 3-5) show marked differences among SSA countries, reflecting, among others, the divergent scope of formal education provision by colonial regimes in the twentieth century (Frankema, 2012). About 9 in 10 people aged 60 and older had no education in Burkina Faso (95.6 percent), Ethiopia (86.5 percent), and Mali (89.7 percent), compared to around 3 in 10 in Zambia (33.1 percent) or South Africa (27.1 percent). Among older Africans with education, the vast majority have attained primary education only. Notable exceptions are Ghana and South Africa where about 40 percent of the older population have attained secondary education.

Across countries, the proportion with no education is higher among older women than among older men—a function of traditionally higher school enrollment for boys than for girls (Bloch, Beoku-Betts, and Tabachnik, 2000). Large gender differences exist in the share with no education; in all countries, older women are

Table 3-5.

Educational Attainment of the Population Aged 60 and Older by Sex and Urban/Rural Residence: Selected African Countries

(In percent)

Country and (year)	No education					Primary					Secondary or higher				
	Total	Male	Female	Urban	Rural	Total	Male	Female	Urban	Rural	Total	Male	Female	Urban	Rural
Burkina Faso (2010)	95.6	93.9	97.8	84.1	98.3	3.1	4.1	1.6	9.5	1.5	1.4	1.9	0.6	6.3	0.2
Cameroon (2011)	62.7	46.7	77.6	51.8	68.5	28.4	38.4	19.2	31.2	26.9	8.8	14.9	3.1	16.8	4.5
DRC (2013–2014)	38.2	17.2	59.2	26.3	43.9	37.7	42.8	32.6	33.9	39.5	23.9	39.8	8.0	39.2	16.6
Ethiopia (2016)	86.5	79.8	96.0	63.5	90.4	10.6	15.8	3.2	21.1	8.8	2.7	4.1	0.7	15.1	0.6
Ghana (2014)	52.4	36.7	65.2	41.5	62.4	9.8	9.2	10.3	9.0	10.5	37.8	54.1	24.5	49.5	27.1
Kenya (2014)	45.2	28.0	60.5	33.2	48.2	42.3	51.5	34.2	44.1	41.9	12.5	20.5	5.3	22.4	9.9
Malawi (2015–2016)	39.1	23.3	50.9	19.5	40.7	52.9	62.6	45.6	45.4	53.5	6.9	12.2	2.9	32.4	4.8
Mali (2012–2013)	89.7	87.1	95.3	72.2	94.2	3.9	4.9	1.9	6.6	3.2	5.9	7.4	2.7	19.9	2.3
Namibia (2013)	37.7	35.9	38.9	24.6	42.4	40.5	38.2	42.0	30.3	44.1	21.0	24.9	18.3	44.7	12.4
South Africa (2016)	27.1	22.6	29.8	16.3	42.4	30.4	27.6	32.1	26.7	35.7	40.4	47.0	36.3	54.7	20.1
Tanzania (2015–2016)	51.7	33.4	68.5	37.1	55.9	42.8	57.7	29.1	46.5	41.7	5.5	8.8	2.4	16.3	2.3
Uganda (2016)	44.0	24.1	59.9	32.1	46.5	42.4	54.9	32.4	38.4	43.3	11.7	18.3	6.3	25.8	8.7
Zambia (2013–2014)	33.1	16.1	48.9	20.8	39.0	46.6	53.1	40.5	40.1	49.6	20.2	30.6	10.6	38.7	11.4

Note: DRC is the Democratic Republic of the Congo.
Sources: Demographic and Health Surveys.

Table 3-6.

Percentage of the Population Aged 60 and Older That Never Attended School by Age: Selected African Countries

Country and (year)	60 and older	60 to 69 years	70 to 79 years	80 and older
Burkina Faso (2010)	95.6	94.2	97.3	98.6
Cameroon (2011)	62.7	53.8	69.6	82.6
DRC (2013–2014)	38.2	32.5	47.8	57.1
Ethiopia (2016)	86.5	82.8	91.2	93.8
Ghana (2014)	52.4	42.9	61.7	72.2
Kenya (2014)	45.2	35.0	53.9	68.7
Malawi (2015–2016)	39.1	33.7	43.1	50.9
Mali (2012–2013)	89.7	87.9	93.1	94.5
Namibia (2013)	37.7	30.5	40.5	52.4
South Africa (2016)	27.1	22.0	31.3	38.5
Tanzania (2015–2016)	51.7	40.9	58.8	74.5
Uganda (2016)	44.0	35.9	49.3	62.2
Zambia (2013–2014)	33.1	25.9	41.2	48.3

Note: DRC is the Democratic Republic of the Congo.
Sources: Demographic and Health Surveys.

more likely to have no education than men, notably in Cameroon (77.6 percent for women vs. 46.7 percent for men), DRC (59.2 vs. 17.2 percent), Kenya (60.5 vs. 28.0 percent), Tanzania (68.5 vs. 33.4 percent), Uganda (59.9 vs. 24.1 percent), and Zambia (48.9 vs. 16.1 percent). In contrast, much lower gender differences (less than 10 percentage points) are observed in Burkina Faso (97.8 percent for women vs. 93.9 percent for men), Mali (95.3 vs. 87.1 percent), Namibia (38.9 vs. 35.9 percent), and South Africa (29.8 vs. 22.6 percent).

Consistent rural-urban patterns in the proportion with no education are also observed, with shares consistently higher among rural compared to urban older adults. Differences range from a high of about 26 percentage points in Ethiopia (90.4 percent for rural vs. 63.5 percent for urban) and South Africa (42.4 vs. 16.3 percent) to lower differences of about 15 percentage points or less in Burkina Faso (98.3 vs. 84.1 percent), Kenya (48.2 vs. 33.2 percent), and Uganda (46.5 vs. 32.1 percent).

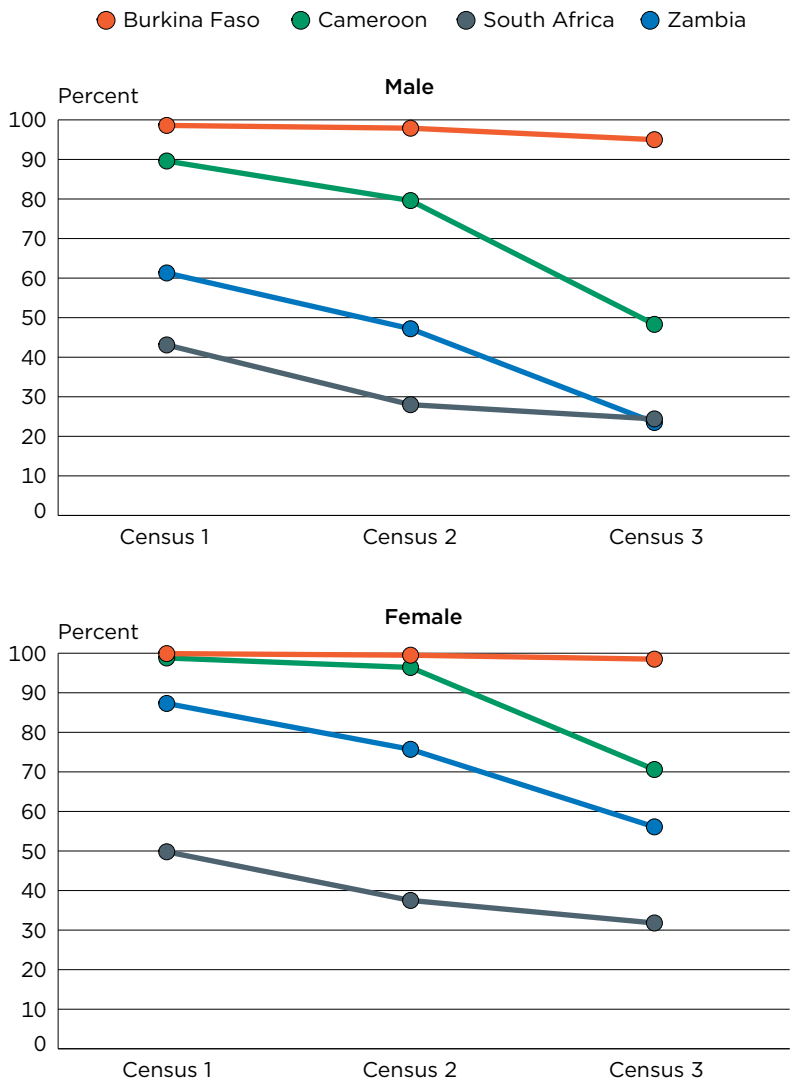
Within the older population, age is negatively associated with educational attainment. The likelihood of never having attended school increased with advanced age (Table 3-6), reflecting the progressive expansion of formal schooling in SSA between the 1920s and 1960s (Frankema, 2012). In most countries listed in Table 3-6, a majority of the oldest old, those aged 80 and over, did not have any education. See Table B-7 for further details on educational attainment in older Africans.

The educational profile of older people in some SSA countries has improved over time.

Data from the most recent three population and housing censuses for selected countries offer an indication of trends in educational attainment of older cohorts over past decades (Burkina Faso, 1985, 1996, 2006; Cameroon, 1978, 1987, 2005; South Africa, 1996, 2007, 2011; Zambia, 1990, 2000, 2010). The trends suggest an improvement in the educational status of the older population over time—in line with steadily increased school enrollment among successive cohorts of children in the first half of the twentieth century (Frankema, 2012).

Starting from very different levels at census point 1, as Figure 3-10 illustrates, the proportion of older men and older women with no education decreased in all countries in the period to census point 3, albeit at divergent rates. For older men, levels declined most markedly by about 40 percentage points in Cameroon and Zambia; less so by 19 percentage points in South Africa; and by only 4 percentage points in Burkina Faso. Overall, the share of older women without education declined at lower rates than among older men, but showed a similar country pattern. Decreases were most marked, around 30 percentage points, in Cameroon and Zambia; 18 percentage points in South Africa; and only negligibly in Burkina Faso. Additional data on

Figure 3-10.
Trends in the Percentage of the Population Aged 60 and Older That Never Attended School by Sex: Selected African Countries



Note: For Burkina Faso, Census 1 is 1985, Census 2 is 1996, Census 3 is 2006; for Cameroon, Census 1 is 1978, Census 2 is 1987, Census 3 is 2005; for South Africa, Census 1 is 1996, Census 2 is 2007, Census 3 is 2011; for Zambia, Census 1 is 1990, Census 2 is 2000, Census 3 is 2010.
Sources: National population and housing censuses.

educational trends are contained in Tables B-8 and B-9.

About one-half of older adults live in households that are in the two bottom wealth quintiles; a generally larger share than among younger adults.

Poverty is recognized as a multidimensional experience, which goes beyond a lack of earnings to encompass a spectrum of other deprivations including lacking access to basic service and utilities and poor education (Alkire et al., 2015; Nandy and Gordon, 2015; World Bank, 2018). Concerns about poverty in Africa's older population arise from the extremely limited pension coverage, the concentration of those who work in the informal, typically lower paid economy, low levels of education, and evidence of inadequacies in material support rendered to older adults by kin (Aboderin, 2010).

DHS surveys measure household wealth using an index that ranks households based on the range of assets they possess. Though widely used, it is important to note that such a metric does not equate with household consumption or income, does not capture resources (material or otherwise) available to individual household members, and does not compare fully across countries (Randall and Coast, 2015; World Bank, 2018; Poirier, Grepin, and Grignon, 2020). Asset-based wealth data

Table 3-7.

Percentage of the Population Aged 60 and Older in the Lowest Two Household Wealth Quintiles Combined by Urban/Rural Residence and Sex: Selected African Countries

Country and (year)		Percent of urban in lowest two quintiles			Percent of rural in lowest two quintiles		
	Total	Total	Male	Female	Total	Male	Female
Burkina Faso (2010)	46.5	6.5	6.3	6.8	56.2	59.5	51.6
Cameroon (2011)	52.6	7.0	6.5	7.3	77.1	77.3	76.8
DRC (2013-2014)	44.0	8.5	8.1	8.8	61.2	53.5	69.1
Ethiopia (2016)	41.6	5.1	7.6	2.4	47.8	45.1	51.9
Ghana (2014)	46.6	15.1	12.9	16.8	75.5	75.6	75.5
Kenya (2014)	49.2	29.6	25.6	33.5	54.2	52.1	56.0
Malawi (2015–2016)	43.2	5.5	4.2	6.9	46.3	39.4	51.3
Mali (2012–2013)	45.5	0.8	1.2	0.3	56.9	55.6	59.9
Namibia (2013)	47.7	10.6	9.4	11.6	61.3	59.0	62.7
South Africa (2016)	36.0	9.1	9.3	8.9	74.3	70.2	76.4
Tanzania (2015–2016)	44.2	12.7	11.0	14.3	53.3	50.4	56.0
Uganda (2016)	46.5	23.2	24.2	22.4	51.5	48.1	54.2
Zambia (2013–2014)	48.5	5.7	4.6	6.8	68.8	63.8	73.3

Note: DRC is the Democratic Republic of the Congo.
Sources: Demographic and Health Surveys.

for selected countries are presented in Table 3-7. Generally, 40 to 50 percent of older adults live in households that fall in the two lowest wealth quintiles with a slightly lower share (36.0 percent) in South Africa.

Notable rural-urban differences exist in most countries included in Table 3-7, with markedly higher percentages of rural compared to urban older households in the bottom two quintiles across all countries. This pattern echoes a greater poverty prevalence in rural than in urban areas observed overall for Africa (World Bank, 2018). The largest urban-rural gap is observed in Cameroon, where 77.1 percent of older rural residents lived in households in the lowest wealth quintiles, compared to just 7.0 percent of older urban residents. Among the smallest urban-rural disparities were Kenya (about 25 percentage points) and Uganda (more than 28 percentage points).

No pronounced gender patterns emerge in the likelihood of falling into the bottom two wealth quintiles. However, particularly in rural areas, the shares of older women who are in the lowest two wealth quintiles are somewhat higher than those of their male counterparts. Table B-10 shows data on the percentage of older adults in each household wealth quintile compared to that of younger age groups. In all countries, apart from South Africa, the likelihood of living in a household in the lowest wealth quintile is greater among people aged 60 and over than among adults aged 15 to 35 and aged 36 to 59.

Rural older Africans are much less likely than urban older residents to have access to electricity as a source of lighting.

LSMS data on use of electricity among older adults' households is presented in Figure 3-11 for four countries, showing that overall a majority of older adults in urban areas live in households that use electricity as their main source of lighting. The proportion of urban older adults with such access to electricity varies considerably between countries—from 98.2 percent in South Africa, 88.0 in Ghana, and 82.9 percent in Namibia to only 55.9 percent in Kenya. Rural older residents are much less likely to have electricity as their main source of lighting at home; percentages range from a high of 87.6 percent in South Africa to 16.8 percent in Namibia and 9.4 percent in Kenya.

Around half or more older adults have access to a mobile phone, but much lower proportions own one.

Access to a mobile phone, in particular a smartphone, and ability to use digital technology may be important for enhancing social contacts and support among older people. Table 3-8 shows LSMS data on patterns of access to a mobile phone within the older population (living in a household that possesses a mobile phone)

Table 3-8.
Percentage of the Population Aged 60 and Older Living in a Household That Possesses a Mobile Phone by Residence and Sex: Selected African Countries

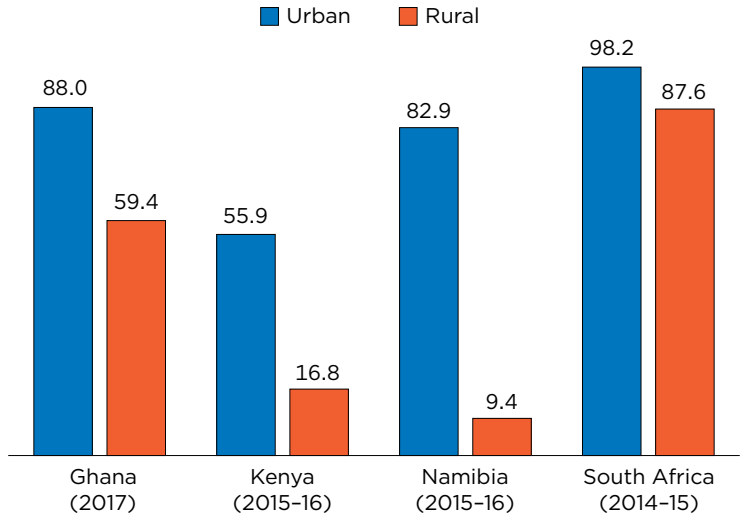
Country and (year)	Total	Urban			Rural		
		Total	Male	Female	Total	Male	Female
Ghana (2017)	57.4	73.1	86.4	64.2	43.4	57.2	32.5
Kenya (2015–2016)	57.4	68.0	77.0	59.5	54.4	60.7	49.0
Namibia (2015–2016)	90.8	95.7	96.7	94.9	88.7	89.3	88.3
South Africa (2014–2015)	91.7	91.9	91.4	92.3	91.2	90.7	91.5

Note: Ghana and Kenya data reflect personal ownership of a mobile phone, Namibia data reflect at least one mobile phone owned at the household level, and South Africa data reflect ownership or access to a mobile phone at household level.
Source: Living Standards Measurement Surveys.

for Ghana, Kenya, Namibia, and South Africa. In all four countries, a majority of adults aged 60 and over reside in such a household.

In Namibia and South Africa, 9 out of 10 households with an older person have access to or ownership of a mobile phone. Urban older adults reported higher rates of access to a mobile phone than their rural counterparts, except in South Africa where household access to a mobile phone was similar between urban and rural areas. In Ghana and Kenya, older men are more likely to own a phone than older women both in rural and urban areas. Table B-11 presents additional data on mobile phone access by age.

Figure 3-11.
Percentage of the Population Aged 60 and Older Living in a Household That Uses Electricity as the Main Source of Lighting by Urban/Rural Residence: Selected African Countries



Note: Electricity refers to national grid electricity.
Sources: Living Standards Measurement Surveys.

The type of phone older people have access to and whether or not they own it will influence opportunities for communication and engagement. Recent nationally representative data for Kenya, South Africa, and Tunisia show that about or over one-half of adults aged 50 and older own a basic phone (58 percent, 48 percent, and 60 percent, respectively). Much smaller proportions own or share a smartphone—16 percent in Kenya, 37 percent in South Africa, and 26 percent in Tunisia (Pew Research Center, 2019). These estimates compare to 42 percent of adults 65 and over who own a smart phone in the United States (Pew Research Center, 2017). In all three African countries, smartphone access among adults over age 50 was markedly lower than among younger adults aged 30 to 49 and aged 18 to 29, possibly reflecting constraints in older people's access to or ability to use digital technologies. The difference between age groups 50 and over and 18 to 29 was 54 percentage points in Tunisia, 30 percent in Kenya, and 42 percent in South Africa (Pew Research Center, 2019).

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Chapter 4.

HEALTH AND HEALTHCARE

Health is "a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity," as defined by the World Health Organization (WHO) (WHO, 2014a). The aging process is often associated with new and growing health challenges, and the health needs of older adults differ from those of younger individuals (WHO, 2015). Any discussion of population aging must, therefore, address issues of health and healthcare. In many ways, such issues are distinct in the African context, owing to conditions and challenges that are unique or pronounced in the continent.

HEALTHY LIFE EXPECTANCY

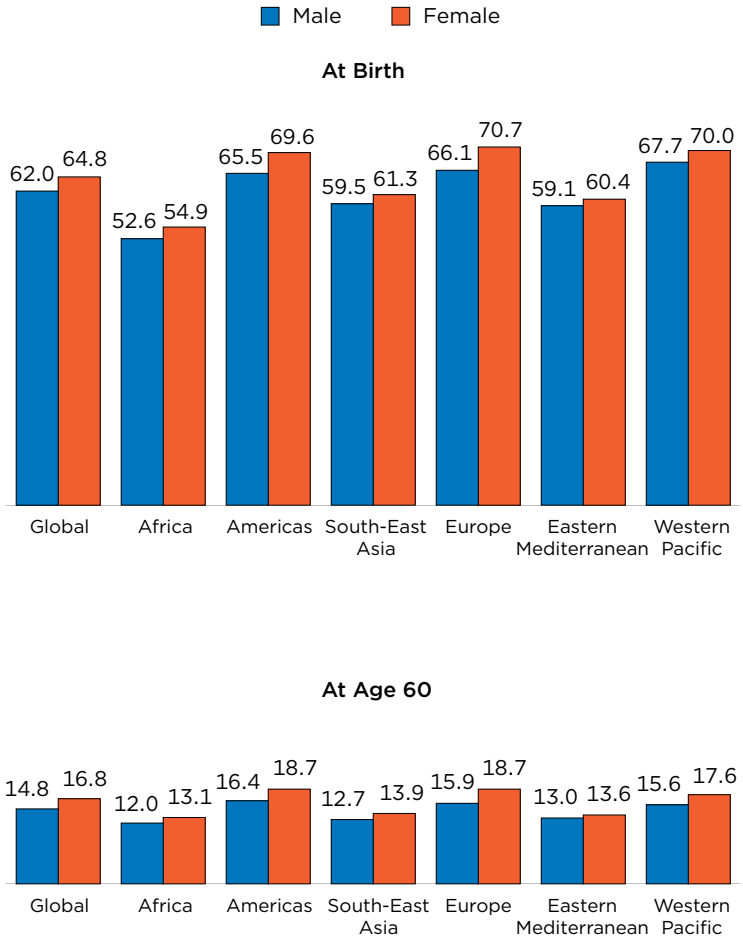
Though Africa trails behind in overall healthy life expectancy, for older Africans it is starting to catch up.

While population aging is marked by increasing average life expectancy, this does not necessarily imply a larger amount of time spent living in good health. A number of measures have been developed to better capture the interrelationship of health and lifespan at both the individual and population levels. Healthy life expectancy (HALE) is one such measure. It takes into consideration the number of years lost due to morbidity and captures the average number of years one can expect to live in a state of "full health" (WHO, 2014b).

Estimates of HALE and other health statistics are developed based on models that incorporate available data. However, primary data on mortality and morbidity to inform these measures are lacking for older adults in Africa and other low- and middle-income countries (LMICs), which leads to a higher degree of uncertainty (WHO, 2014b; Beard et al., 2016; Masquelier and Kanté, 2017). Nonetheless, these estimates still provide the best available information on the burden of disease and health status of populations.

As with life expectancy overall (discussed in Chapter 2), Africa also ranks last among all world regions in HALE. As Figure 4-1 illustrates, African men can expect to live less than 53 healthy years of life on average, while African

Figure 4-1.
Healthy Life Expectancy at Birth and Age 60 by Sex and WHO Region: 2016
(In years)



Note: WHO is World Health Organization. For WHO region definitions, see <www.who.int/healthinfo/global_burden_disease/definition_regions/en/>.
Source: World Health Organization, Global Health Observatory, 2018.

Table 4-1.
Countries With the Highest and Lowest Healthy Life Expectancy in Sub-Saharan Africa: 2016
(In years)

At birth				At age 60			
Country	Both sexes	Male	Female	Country	Both sexes	Male	Female
Mauritius	65.8	63.6	68.2	Mauritius	15.9	14.6	17.1
Rwanda	59.9	58.8	61.0	Kenya	14.2	13.4	14.9
Kenya	58.9	57.0	60.8	Rwanda	14.2	13.8	14.5
Senegal	58.8	57.3	60.1	Gabon	13.9	13.4	14.5
Gabon	58.7	57.8	59.7	Angola	13.6	12.9	14.3
Madagascar	58.3	57.1	59.5	Congo (Brazzaville)	13.5	13.2	13.8
Botswana	57.5	55.2	59.5	Ethiopia	13.5	13.0	14.0
Ethiopia	57.5	56.1	58.9	Zimbabwe	13.4	12.4	14.1
Eritrea	57.4	56.0	59.0	Tanzania	13.4	12.8	14.0
Congo (Brazzaville)	56.7	55.9	57.6	Benin	13.3	12.8	13.7
Tanzania	56.5	54.9	58.0	Eritrea	13.2	12.7	13.7
Guinea-Bissau	51.7	50.6	52.9	Lesotho	11.7	10.9	12.3
Cameroon	51.1	50.1	52.0	Burkina Faso	11.7	11.3	12.0
Mali	50.7	50.4	51.0	Gambia	11.7	11.3	12.2
South Sudan	50.6	50.0	51.3	Chad	11.6	11.2	11.9
Eswatini	50.2	47.8	52.2	Eswatini	11.5	10.1	12.5
Somalia	50.0	48.8	51.3	Mali	11.5	11.4	11.6
Nigeria	48.9	48.7	49.2	Guinea	11.4	11.1	11.6
Côte d'Ivoire	48.3	47.6	49.0	Central African Republic	11.2	10.7	11.6
Sierra Leone	47.6	47.2	48.1	Guinea-Bissau	10.9	10.2	11.4
Chad	47.2	46.5	48.0	Côte d'Ivoire	10.8	10.5	11.0
Lesotho	46.6	45.0	47.9	Nigeria	10.7	10.5	10.9
Central African Republic	44.9	43.9	45.9	Sierra Leone	10.3	10.2	10.4

Note: Sub-Saharan Africa is defined based on United Nations classifications. This table includes countries with a total population of at least 1 million in 2020.
Source: World Health Organization, Global Health Observatory, 2018.

women have an average of 55 years of healthy life at birth based on 2016 estimates (WHO, 2018a).[1] This is roughly 10 years shorter than the global average.

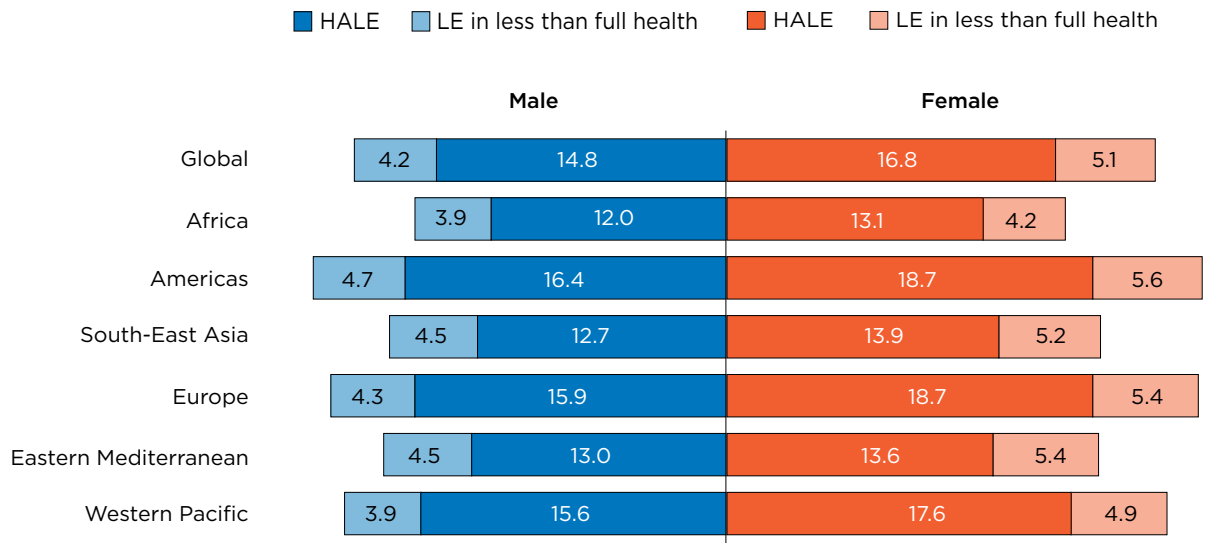
Although Africa remains the region with the lowest HALE at birth, the differences between regions are not as large for those who have lived to age 60. At that age, men and women in Africa can expect to live 12 and 13 additional years of healthy life, respectively—very similar levels to those in regions such as South-East Asia and Eastern Mediterranean (Figure 4- 2). However, HALE60 in Africa is considerably shorter than the 16 years for men and nearly 19 years for women found in Europe or the Americas. Older Africans spend an average of 4 years, about one-quarter of the remaining years of life, in less than optimal health due to illness and injury (Figure 4-2). This proportion is about one-fifth in Americas, Europe, and Western Pacific.

Within Africa, HALE varies considerably among subregions and from country to country. In sub-Saharan Africa (SSA), HALE at birth ranged from as high as nearly 66 years in Mauritius to as low as 45 years in the Central African Republic based on WHO 2016 estimates (Table 4-1). Meanwhile, 60-year-olds could expect to live anywhere from 10 healthy additional years in Sierra Leone to 16 healthy additional years in Mauritius.[2] At age 65, HALE across subregions ranged

[1] These geographic areas are defined by the WHO. See Appendix A-2 for list of countries by WHO categories.

[2] Table 4-1 includes countries with a total population of at least 1 million in 2020. Some small island countries/territories have high healthy life expectancies. For example, in 2016, Seychelles's HALE60 was 15.7.

Figure 4-2.
Life Expectancy (LE) and Healthy Life Expectancy (HALE) at Age 60 by Sex for WHO Regions: 2016
(In years)



Note: WHO is World Health Organization.
Source: World Health Organization, Global Health Observatory, 2018.

Table 4-2.
Healthy Life Expectancy at Birth and Age 65 by Sex and Subregion: 2016
(In years)

Subregion	At birth			At age 65		
	Both sexes	Male	Female	Both sexes	Male	Female
Sub-Saharan Africa	**54.8**	**53.6**	**56.1**	**10.5**	**10.2**	**10.8**
Southern Africa	53.3	50.9	55.8	11.3	9.8	12.4
Western Africa	55.0	54.1	56.0	11.0	10.8	11.2
Eastern Africa	55.7	54.4	57.0	10.2	9.9	10.4
Central Africa	53.4	52.6	54.2	9.5	9.5	9.5

Source: Global Burden of Disease Collaborative Network, 2017.

from 9.5 in Central SSA to 11.3 in Southern SSA (Table 4-2).

GENERAL HEALTH

In general, older people in Africa give their health a good rating.

A common general measure of health status is self-rated health or self-reported health (SRH). SRH has also been used to predict mortality and other health outcomes (Fayers and Sprangers, 2002). Region- or subregion-wide estimates of SRH in Africa's older populations are not available, but relevant data exist for a number of individual countries. In four districts in Malawi, a majority (about 58 percent) of older adults aged 60 and above reported excellent, very good, or good health (United Nations Department of Economic and Social Affairs [UNDESA] and Government of Malawi, 2018). Similarly, most individuals aged 50 and over in Ghana and South Africa rated their health good or very good (63.0 percent and 54.0 percent, respectively), and SRH ratings in these two African countries were higher than those in Mexico (He, Kowal, and Naidoo, 2018). Adults aged 50 and older in a rural South African area that is home to the Health and Aging in Africa: a Longitudinal Study of an INDEPTH Community in South Africa (HAALSI) cohort likewise gave higher ratings for SRH than

older adults in the United States, Mexico, and China (Payne et al., 2017a).[3]

Older Africans are likely to assess their health as poorer as their age increases (Fonta et al., 2019; National Department of Health et al., 2019; UNDESA and Government of Malawi, 2018)—although the opposite was true in a South African sample affected by HIV/AIDS (Wang et al., 2018). Additionally, older women and those with lower income are typically less likely to report good health compared to men and higher-income individuals in these settings (Payne et al., 2017a; He, Kowal, and Naidoo 2018; Murendo and Mureje, 2018; UNDESA and Government of Malawi, 2018; Wang et al., 2018).

Older adults experience a disproportionate share of the burden of disease.

Understanding overall health requires measurement of the burden of disease that incorporates both mortality and morbidity from health conditions. The disability-adjusted life year (DALY) is a measure of disease burden that represents the estimated number of years of life lost (YLL) due to early death from various health conditions or as a result of living in a disabled state due to these conditions (WHO, 2017).

Globally, older adults aged 60 and above made up around 12.5 percent of the population but accounted for 31.2 percent of the global burden of disease in 2016 in terms of DALYs (WHO, 2018c), a reflection of general declines in health status with age. Africa's older population only constituted around 5.0 percent of the population but accounted for 10.4 percent of the disease burden in 2016 (WHO, 2018c).

When considering specific components of disease burden, death rates—and similarly YLL rates—among people aged 60 and above are higher in Africa than they are globally (Global Burden of Disease [GBD] Collaborative Network, 2018). Moreover, the number of years lived with disability (YLD) per capita among older adults in Africa is also greater compared to other regions (GBD Collaborative Network, 2018; Masquelier and Kanté, 2017). This suggests that older people in Africa suffer more than their contemporaries in other regions in terms of morbidity and mortality.

Among older Africans, the rates for these measures of disease burden increase with increasing age. DALY rates are also higher in older men than women, which is due to the higher death rates among men, as rates of morbidity measured by YLD are comparable by sex (GBD Collaborative Network, 2018).

The top ten causes of deaths and YLD for older Africans are presented in Tables 4-3 and 4-4, respectively.[4]

NONCOMMUNICABLE DISEASES

Noncommunicable diseases dominate among older adults in Africa, as they do worldwide.

Aging is accompanied by a shift in the type of conditions causing disease. Many chronic, noninfectious conditions are more likely to emerge with age, and noncommunicable diseases (NCDs) are often viewed as conditions of aging (Prince et al., 2015a). As is typical throughout the world, NCDs are the predominant cause of disease burden in older adults in Africa, both in terms of mortality and morbidity. This contrasts with the dominance of infectious diseases along with nutritional, maternal, and perinatal conditions as the primary causes of disease burden in Africa's population as a whole.

Specifically, 61.1 percent of total DALYs in Africa in 2016 were attributable to communicable, maternal, perinatal, and nutritional conditions, while only 29.0 percent were a result of NCDs and the remaining 9.9 percent due to injury (WHO, 2018c). In older adults, however, the relative contributions of disease types are essentially reversed. About 24.9 percent of DALYs in the 60-years-and-older population in Africa in 2016 were due to communicable, birth-related, and nutritional conditions, while 68.9 percent were caused by NCDs—an

[3] There is some question about the appropriateness of the SRH measure for comparisons across countries and between high-income and low- and middle-income country settings. Potential cultural differences in how individuals interpret and respond to SRH may also limit comparisons if measures are not culturally adapted, and evidence suggests various subgroups within African populations assess factors contributing to SRH differently (Blomstedt et al., 2012; Onadja et al., 2013; Duboz et al., 2017). The SRH measure reflects these variations in how individuals and groups evaluate their health.

[4] Estimates of disease burden have been produced by different organizations. The disease burden estimates reported in this chapter primarily use the WHO as the data source.

increase from 64.2 percent in 2000—and 6.1 percent by injuries (WHO, 2018c). This pattern is true for both men and women (Figure 4-3). In particular, although most of the overall NCD burden is due to deaths, NCDs constitute a larger share of morbidity than mortality for older Africans, accounting for 83.9 percent of YLDs compared to 65.3 percent of YLLs (WHO, 2018c).

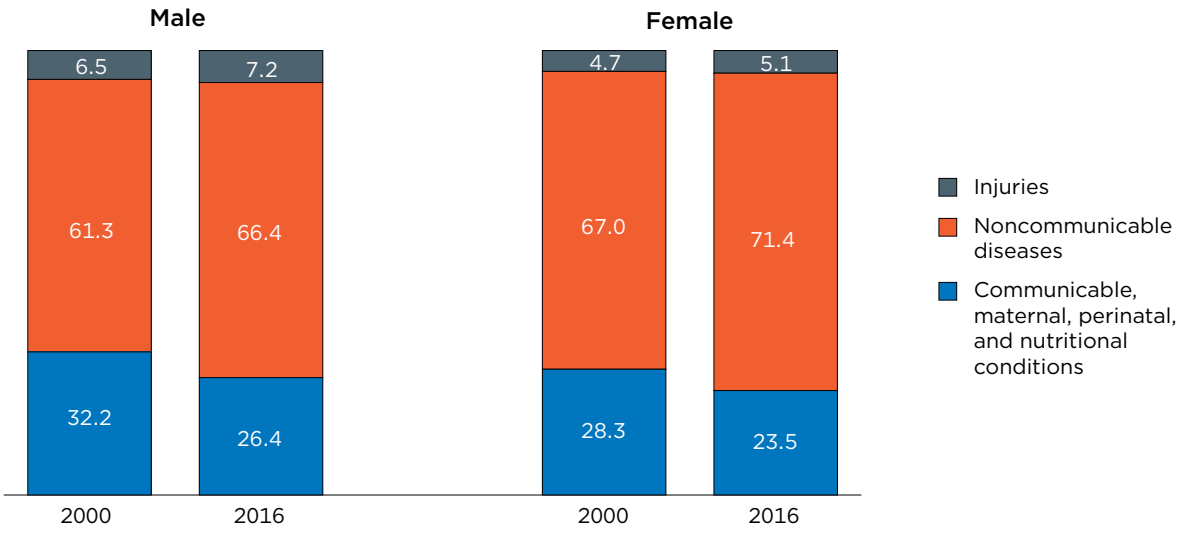
As the aging process advances and as infectious diseases are better controlled and exposures and lifestyles change, this shift towards NCDs is expected to continue in Africa and the world at large (Prince et al., 2015a; Masquelier and Kanté, 2017). In fact, although the burden of NCDs in SSA was just under 30 percent of total DALYs for all ages in 2017, the DALY rate for NCDs is already approaching that of communicable, maternal, and nutritional conditions after adjusting for age (Gouda et al., 2019).[5]

Cardiovascular disease is the leading cause of death for older people in Africa and elsewhere.

Cardiovascular disease (CVD) represents the number one cause of disease among adults aged 60 and over both in Africa and in the world at large, accounting for over one-quarter of DALYs within this age group in the WHO African region (WHO, 2018c). Hospital admissions data from various African countries similarly confirm that stroke and heart or circulatory conditions were the leading diagnoses among older patients (Akinyemi et al., 2014; Allain et al., 2017). Yet, despite being the leading causes of death, ischemic heart disease and stroke account for a smaller share of deaths in older adults in Africa than they do globally (Table 4-3). Nonetheless, the occurrence of these diseases and their risk factors is on the rise in Africa (Adeloye 2014; Cappuccio and Miller, 2016). Moreover, evidence suggests that these conditions affect and lead to death in Africans at younger ages than in high-income countries, and stroke mortality rates in some parts of Africa are higher than in high-income settings, reflecting limited access to and quality of care (Moran et al., 2013;

[5] It is important to note that the distinction between NCDs and infectious diseases is not always clear-cut, as the two often interact (Zeltner et al., 2017). This is particularly true in lower-income settings, where some infections are the cause of NCDs such as several cancers; and NCDs can likewise increase vulnerability to infection (Remais et al., 2013).

Figure 4-3.
Percent Distribution of Disability-Adjusted Life Years in the WHO African Region Population Aged 60 and Older: 2000 and 2016



Note: WHO is World Health Organization.
Source: World Health Organization, Global Health Observatory, 2018.

Table 4-3.

Leading Causes of Death Among the Population Aged 60 and Older in the WHO African Region Compared to Global Rankings: 2016

Cause	Africa		Global	
	Rank	Percent of deaths	Rank	Percent of deaths
BOTH SEXES				
Ischemic heart disease	1	15.7	1	21.6
Stroke	2	10.5	2	13.5
Lower respiratory infections	3	9.9	5	4.5
Diarrheal diseases	4	6.8	15	1.5
Tuberculosis	5	5.4	13	1.6
Diabetes mellitus	6	4.7	7	3.5
COPD	7	3.6	3	7.7
Alzheimer disease and other dementias	8	3.5	4	5.4
Other circulatory diseases	9	3.5	8	2.5
Cirrhosis of the liver	10	2.8	11	1.7
MALE				
Ischemic heart disease	1	14.9	1	21.1
Lower respiratory infections	2	10.5	5	4.4
Stroke	3	8.9	2	13.0
Diarrheal diseases	4	6.5	17	1.3
Tuberculosis	5	6.4	12	2.0
Diabetes mellitus	6	4.4	7	3.1
COPD	7	3.9	3	8.3
Prostate cancer	8	3.4	14	1.9
Cirrhosis of the liver	9	3.3	10	2.1
Other circulatory diseases	10	3.1	9	2.2
FEMALE				
Ischemic heart disease	1	16.4	1	22.2
Stroke	2	12.1	2	14.0
Lower respiratory infections	3	9.3	5	4.7
Diarrheal diseases	4	7.0	11	1.8
Diabetes mellitus	5	4.9	6	3.9
Tuberculosis	6	4.4	16	1.3
Alzheimer disease and other dementias	7	4.2	3	7.1
Other circulatory diseases	8	3.8	7	2.9
COPD	9	3.4	4	7.1
Hypertensive heart disease	10	2.9	8	2.5

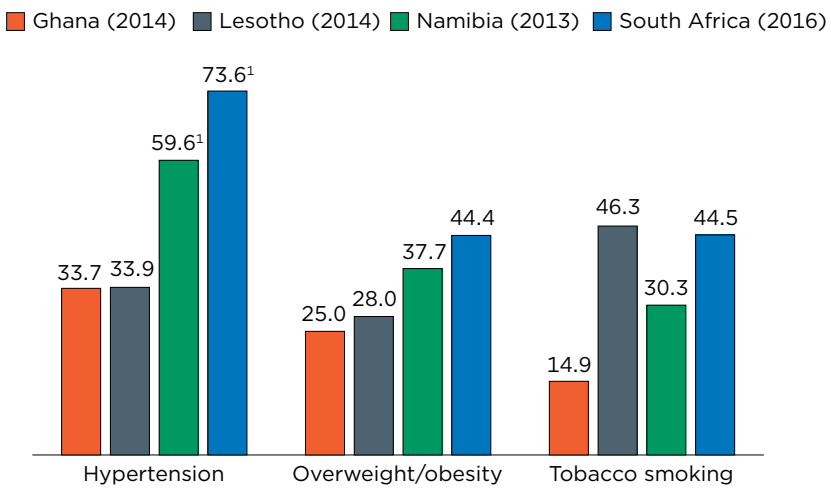
Note: COPD is chronic obstructive pulmonary disease. Ranking is based on number of deaths.
Source: World Health Organization, Global Health Estimates, 2018.

Owolabi et al., 2015; Capuccio and Miller, 2016).

Figure 4-4 shows rates for common CVD risk factors in men aged 50 to 59 from selected countries. Rates of hypertension—or high blood pressure, which is the primary contributor to CVD in Africa—vary across older African populations and, overall, may be lower than rates in other regions (Kaze et al., 2017; Bosu et al., 2019). However, very low levels of awareness or treatment in Africa contribute to high levels of hypertension that go undetected and/or uncontrolled compared to high-income countries or other world regions (Lloyd-Sherlock et al., 2014; Owolabi et al., 2015). For example, 76.0 percent of women and 78.6 percent of men aged 65 and above who have hypertension in South Africa do not have their hypertension under control (National Department of Health et al., 2019).

Overweight and obesity have generally not been as common in Africa and are typically higher among women than in men, though this is changing (Onen, 2013). In available data on those aged 60 and above, 36.8 percent of Namibian men aged 60 to 64 years were overweight or obese (ICF, 2019), as were 54.4 and 75.4 percent, respectively, of South African men and women aged 65 and older (National Department of Health et al., 2019). Tobacco smoking also varies widely across the region, being more common in men than women (Onen, 2013). Data among men aged 60 to 64 show recent estimates under 10 percent in Benin (ICF, 2019).

Figure 4-4.
Prevalence of Cardiovascular and Behavioral Risk Factors in Men Aged 50 to 59: Selected African Countries
(In percent)



[1] Hypertension rate is among men aged 50 to 64 for Namibia and 55 to 64 for South Africa.
Sources: Nambia Ministry of Health and Social Services and ICF International, 2014; ICF, The Demographic and Health Surveys Program STATcompiler, 2019; National Department of Health et al., 2019.

Diabetes plays a comparable role in the health of older adults in Africa and other world regions.

Diabetes mellitus has a similar burden in African older adults and older adults worldwide in terms of rank for causes of death and morbidity (Table 4-3 and Table 4-4). A systematic review estimated that the diabetes prevalence in adults aged 55 and older in Africa was between 11.3 and 16.3 percent, which is comparable to or lower than levels in older adults from other regions (Werfalli et al., 2016). Diabetes is projected to affect greater numbers of Africans as populations age and become more urban and as lifestyle factors such as diets and physical activity change.

Dementia is less prominent among older Africans than it is in older adults globally.

Alzheimer's disease and other dementias are among the top ten leading causes of death in older Africans but rank lower as a cause of death in the region than they do globally. This may be a reflection of the more advanced aging phase globally than in Africa, as dementia is highly linked to age. Additionally, differences in risk factors, such as lower CVD rates, may also contribute to the smaller impact of dementia in Africa (Ramlall et al., 2013). In addition to CVD, risk factors for dementia in African populations

Table 4-4.

Conditions With the Largest Number of Years of Healthy Life Lost Due to Disability (YLD) Among Older Adults in the WHO African Region Compared to Global Rankings: 2016

Cause	Africa		Global	
	Rank	Percent of total YLDs	Rank	Percent of total YLDs
BOTH SEXES				
Hearing loss	1	12.5	1	11.5
Back and neck pain	2	6.5	2	6.2
Depressive disorders	3	5.5	6	4.4
Diabetes mellitus	4	5.2	3	5.5
Refractive errors	5	5.1	4	5.0
Cataracts	6	4.6	14	2.4
Other vision loss	7	3.8	15	2.2
Osteoarthritis	8	3.7	9	4.0
Kidney diseases	9	3.1	16	2.1
Parasitic and vector diseases	10	2.8	42	0.4
MALE				
Hearing loss	1	12.8	1	12.2
Back and neck pain	2	6.5	3	5.6
Diabetes mellitus	3	5.3	2	5.8
Refractive errors	4	4.9	5	4.9
Depressive disorders	5	4.5	8	3.5
Other vision loss	6	3.9	17	2.2
Cataracts	7	3.9	18	1.9
Kidney diseases	8	3.5	15	2.2
Osteoarthritis	9	3.3	10	3.3
Parasitic and vector diseases	10	3.2	44	0.4
FEMALE				
Hearing loss	1	12.3	1	10.9
Back and neck pain	2	6.6	2	6.7
Depressive disorders	3	6.3	3	5.2
Cataracts	4	5.3	12	2.8
Refractive errors	5	5.3	5	5.1
Diabetes mellitus	6	5.1	4	5.2
Osteoarthritis	7	4.0	8	4.5
Other vision loss	8	3.7	15	2.2
Iron-deficiency anemia	9	3.2	20	1.6
Kidney diseases	10	2.8	17	1.9

Source: World Health Organization, Global Health Estimates, 2018.

include increasing age, female sex, rural residence, and lower socioeconomic position or education (Olayinka and Mbuyi, 2014; Ojagbemi, Bello, and Gureje, 2016).

Yet, while some studies have confirmed low rates of dementia in Africa compared to high-income regions (Prince et al., 2013; Ojagbemi, Bello, and Gureje, 2016), others suggest that it might now be just as common in some parts of the continent. For example, the age-specific prevalence estimate for dementia among older adults in SSA stands at 6.4 percent (Guerchet et al., 2017), while estimates range from 4.7 to 8.7 percent in other regions (Prince et al., 2015b).

The overall rank of Alzheimer's among causes of death in Africa is mostly driven by its greater role in mortality among older women, as it does not make the top ten list for men. This may be not only the result of older age and increased risk of dementia among women but also of other conditions having greater relevance for male mortality in Africa such as liver cirrhosis and prostate cancer. The burden of dementia is expected to increase in Africa and elsewhere, with prevalence rates doubling in the next 7 years; these increases will lead to a growth in the number of sub-Saharan Africans affected by dementia from 2.1 million in 2015 to an estimated 7.6 million by 2050 (Guerchet et al., 2017).

While some cancers are less common in older Africans, prostate cancer is more deadly.

Cancers as a group are the next most common NCD cause of disease burden after CVD in older Africans' DALYs (WHO, 2018c), even though specific cancers do not appear as high on the list for older Africans compared to older populations in other regions (Table B-12). However, prostate cancer is a major contributor to mortality among older men in Africa, accounting for a larger share of deaths among them compared to older men globally (Table 4-3). Inadequate detection and healthcare quality for treatment, among other factors, likely contribute to its more lethal role among older men in Africa than elsewhere (Adeloye et al., 2016). Only 7.0 percent of Kenyan men aged 50 to 54 had ever been screened, and 31.4 percent of Namibian men aged 60 to 64 who were aware of prostate cancer had a screening (Kenya National Bureau of Statistics et al., 2015; Namibia Ministry of Health and Social Services and ICF International, 2014).

The burden of cancer in older Africans is nonetheless increasing; data from cancer registries in four locations in Eastern and Southern Africa suggest that older adults account for 23 to 52 percent of new cancer cases (Pilleron et al., 2019).

COMMUNICABLE DISEASES

Infectious diseases are still relevant for Africa's older population.

Although NCDs are the predominant cause of disease among older people in Africa, communicable diseases and nutrition-related conditions still constitute a sizeable segment of the older adult disease burden in the African region compared to the world as a whole. Globally, only 8.1 percent of DALYs among individuals aged 60 and over are due to communicable, birth-related, and nutritional causes, while 86.6 percent result from NCDs and the remaining 5.3 percent from injuries (WHO, 2018c). By contrast, communicable, birth-related, and nutritional conditions still comprise 24.9 percent of all DALYs among individuals aged 60 and over of the African region (WHO, 2018c), three times the global rate. Clearly, older Africans shoulder a double burden of disease as they face both NCDs as well as a sizeable burden of communicable diseases (Peer, 2015; Zeltner, Riahi and Huber, 2017).

Respiratory and other infections play a large role in the deaths of older Africans.

While lower respiratory infections (LRIs), such as pneumonia, are the only infectious cause of death among the top ten global causes in older adults and rank fifth in 2016, LRIs are the third leading cause of death among older Africans, followed by diarrheal diseases and tuberculosis (TB) (Table 4-3). That is, infectious diseases account for three of the top five causes of death in older Africans. A study in Malawi reflects a similar trend as TB and pneumonia were the next most frequent diagnoses after stroke and heart disease among hospitalized adults aged 55 and older (Allain et al., 2017).

TB was common globally in the past, but it still features as a prominent cause of disease burden in Africa, owing to its link with HIV/AIDS and poor living conditions (Whiteside and Zebryk, 2017). Around 3 percent of older men and women in areas of Malawi reported a TB diagnosis (UNDESA and Government of

Box 4-1.

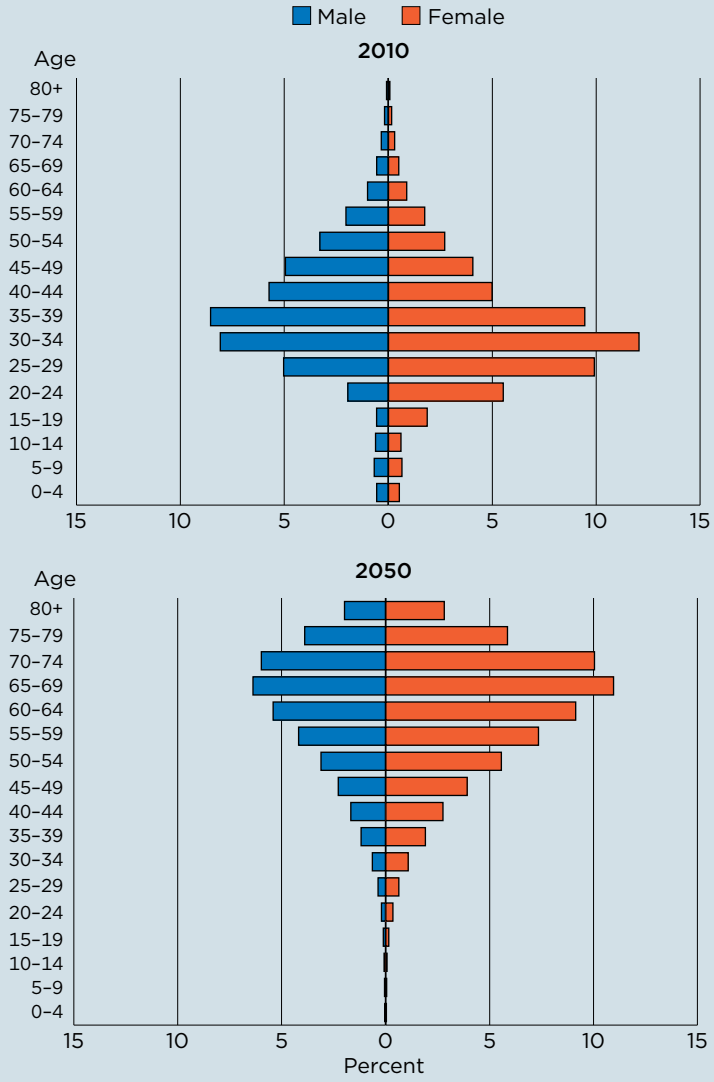
The Graying of Africa's HIV Population

By: Dzifa Adjaye-Gbewonyo, U.S. Census Bureau, Population Division

Sub-Saharan Africa, particularly the southern part of Africa, is the world region most affected by HIV/AIDS. Although HIV was once considered a death sentence, widespread availability of antiretroviral therapy (ART) since the early 2000s has enabled people living with HIV (PLHIV) to prolong their lives and have the potential to reach near normal lifespans (Siedner, 2017). This recent development, coupled with reductions in the rate of new HIV infections in young people, is contributing to a demographic shift in the HIV population to older ages (Joint UN Programme on HIV/AIDS [UNAIDS], 2014).

Signs of the aging HIV epidemic are illustrated in Figure 4-5, which shows the age structure of the population living with HIV for Botswana, the country with the third highest HIV prevalence globally (UNAIDS, 2018). Although projections depend on assumed trends in the model inputs, the age pyramids show a drastic transition in the age structure of the HIV population over time. While individuals in their mid-20s to late 30s dominated the age distribution for PLHIV in Botswana in 2010, the age structure in 2050 is projected to consist mostly of individuals in their 60s and 70s. In fact, the population aged 60 and over is projected to constitute more than 60 percent of the overall HIV population by 2050 based on these models, compared to only 4.0 percent in 2010. These trends suggest lower incidence of new cases in younger age groups and a shifting

Figure 4-5.
Population Living With HIV in Botswana by Age and Sex: 2010 and Projected to 2050



Source: U.S. Census Bureau estimates and projections based on the UNAIDS 2016 Botswana national Spectrum file.

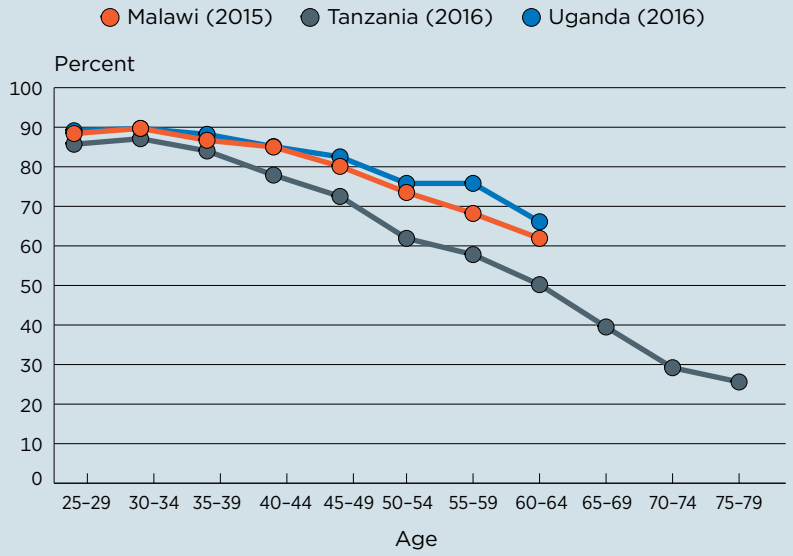
Continued on next page.

and accumulation of HIV-positive individuals from earlier cohorts to older ages due to lower mortality along with some continued HIV transmission.

Such trends of an aging HIV epidemic in Africa are echoed in other empirical studies and models (Hontelez et al., 2012; Mahy et al., 2014; Negin et al., 2016). HIV incidence rates in older adults are also sometimes considerable, which means some older adults with HIV are acquiring the virus later in life and not solely aging with it (Vollmer et al., 2017). However, HIV programs and services aimed at prevention and care generally target younger populations, overlooking older adults because of inaccurate beliefs that they are no longer sexually active and are therefore at low risk (Rosenberg et al., 2017). Moreover, HIV knowledge and behaviors, such as condom use, have been found to be lower in older adults compared to younger adults (UNAIDS, 2014; Negin et al., 2016; Rosenberg et al., 2017). Figure 4-6 illustrates that lifetime HIV testing rates are lower in older adults compared to younger adults in several African countries. Such deficits in HIV knowledge and health behaviors put older adults at increased risk of HIV infection and transmission.

The implications of an aging HIV epidemic in Africa are vast. The health and social needs of older PLHIV differ greatly from those of younger populations. For example, older adults often suffer more from the presence of multiple chronic health conditions at once, and HIV infection—as well as treatment—may exacerbate this, as it is also linked to health issues such as cardiovascular illness, cancer, kidney disease, diabetes, declines in cognition and neurologic function, and more rapid aging (Habib et al., 2013; Narayan et al., 2014; Peer, 2015; Siedner, 2017). In addition, adults who become infected at older ages tend to have quicker disease progression, often receive later diagnoses, have less responsive immune systems, and higher mortality on treatment with ART despite better adherence to treatment (Butler et al., 2018; UNAIDS, 2014). The complexities of long-term management and care for older PLHIV who are dealing with comorbid conditions requiring multiple medications, as well as prognoses that differ from their younger or noninfected counterparts, will therefore require expanded resources and innovative and integrated approaches in healthcare (Harris et al., 2018). All of these factors highlight the need for more focused attention on older adults when it comes to preventing and managing HIV and preparing African countries and their health systems for an aging HIV epidemic.

Figure 4-6.
Percentage Ever Receiving an HIV Test With Results by Age: Selected African Countries



Source: ICAP at Columbia University, Population-Based HIV Impact Assessment Project, 2019.

Malawi, 2018); and between 22 percent to over one-third of men aged 50 to 59 in Lesotho reported having a TB-specific symptom at some point in their adult life (Lesotho Ministry of Health and ICF International, 2016).

There is also a stark difference in the impact of diarrheal diseases, which account for 6.8 percent of deaths and rank fourth in the African older population compared to a rank of 15 globally. For instance, 30.1 percent of respondents aged 60 and older in the Multiple Indicator Survey on Ageing (MISA) in Malawi reported experiencing diarrhea (UNDESA and Government of Malawi, 2018). Living conditions including water and sanitation infrastructure play a major role in the frequency of diarrhea in Africa, and continued improvements in living conditions will have positive impacts on decreasing the burden of diarrheal illness (Whiteside and Zebryk, 2017).

Parasites and vector-borne diseases affect older Africans to a greater degree.

Diseases caused by parasites or transmitted to humans by other organisms still play a large role in the health of older Africans. These diseases are among the top ten disabling conditions in Africa, while they rank below 40 for the world at large (Table 4-4). Malaria is one such condition, with about 90 percent of malaria deaths worldwide taking place in Africa, making it among the top five causes of death and DALYs in Africans of all ages (Whiteside and Zebryk, 2017; WHO, 2018c; WHO, 2018d). Though it has a greater burden among younger Africans—with more than three-fourths of deaths occurring in children under the age of 5 (Whiteside and Zebryk, 2017)—it still has a sizeable impact on older adults. For example, malaria was reported by 57.1 percent of older adults in areas of Malawi (UNDESA and Government of Malawi, 2018). A sample of older adults in southwestern Nigeria detected malaria parasites in 24.4 percent of men and 13.7 percent of women (Egbewale et al., 2018). Other common parasites among older Africans include onchocerciasis (or river blindness), lymphatic filariasis (or elephantiasis), and schistosomiasis (or bilharzia) (WHO, 2018c).

DISABILITY

Functional status typically declines with age in Africa and worldwide.

Overall measures of functioning limitations also offer a good representation of healthy aging. As Figure 4-7 illustrates for Uganda and South Africa, a pattern of increasing functional difficulty with age is visible, which is consistent with evidence from other parts of Africa and the world (WHO, 2015).

Disability level also varies by sociodemographic characteristics for older Africans. For example, older women have reported higher rates of disability or functional limitations compared to men (Abdulraheem et al., 2011; Dewhurst et al., 2012; Payne, Mkandawire, and Kohler, 2013; Mangipudi, Cosco, and Harper, 2019). However, the gender differentials are not universal, as in some cases no significant functional differences between older men and women or worse functioning in older men have been observed once other variables were taken into account (Wandera, Ntozi, and Kwagala, 2014; Payne et al., 2017a).

Additionally, rural residence was associated with better functional independence compared to urban residence in older adults from parts of Nigeria (Gureje et al., 2014); however, in Uganda, older urban residents were less likely to be disabled than rural residents (Wandera, Ntozi, and Kwagala, 2014). Evidence also points to a socioeconomic gradient in exposure to disability, with low income more likely to suffer from impaired function in many instances (Payne et al., 2017b; He, Kowal, and Naidoo, 2018).

Frailty is another characteristic representative of aging that is linked to disability but more generally encompasses weakness and susceptibility to stressors (WHO, 2015). Studies measuring frailty in older people in Africa also demonstrate increasing frailty with age (Harttgen et al., 2013; Payne et al., 2017b; Lewis et al., 2018).

The WHO's recently adopted definition of healthy aging focuses on functional ability—consisting of individuals' intrinsic capacity, the surrounding environment, and the relationship between these two factors— and is also encouraging the use and development of broader, more encompassing measures of functioning and capacity as indicators of health outcomes in late life (WHO, 2015). These measures can incorporate both physical and mental capabilities as well as the dynamics in how they change over time. For instance, not all older individuals will experience a direct path of declining functional status with age, as some may experience temporary impairments that later

resolve or have varied patterns of functioning with age (Payne, Mkandawire, and Kohler, 2013; WHO, 2015). Recognizing that functioning and health states are not fixed and that they can follow different courses is therefore important for understanding the aging process.

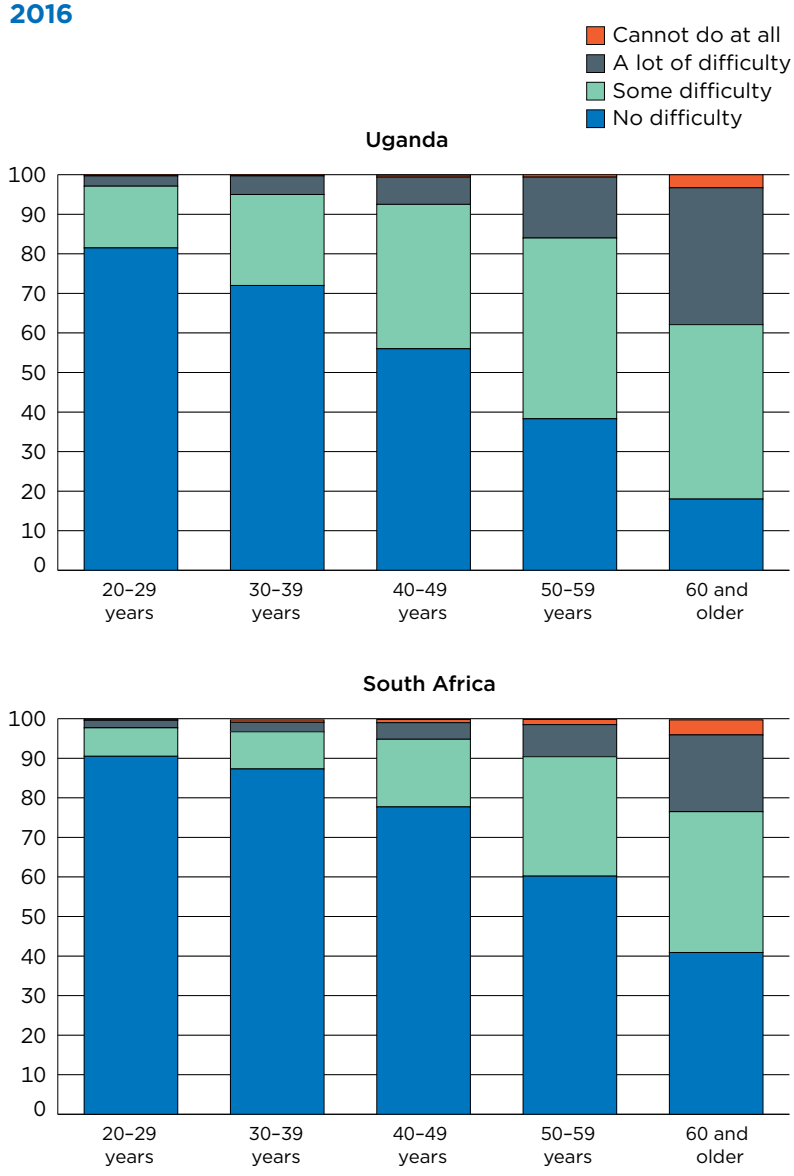
Sensory impairments are among the most disabling conditions for older Africans and non-Africans alike.

When looking at morbidity rather than mortality, impairments of sensory organs are one of the leading causes of disease burden. Hearing loss accounts for the largest number of YLD for older adults in Africa as well as the world in general (Table 4-4). For example, 15.0 percent of South Africans aged 60 and older had a high level of difficulty hearing or were unable to hear, and 6.7 percent in Tanzania had difficulty hearing, with women and rural residents reporting more hearing impairment or deafness than men and urban residents in both countries (South Africa Census 2011; Tanzania Census 2012).[6]

Vision problems—including uncorrected refractive errors, cataracts, and other types of vision loss—also account for a large amount of YLD among older Africans (Table 4-4). Though separately these conditions are not as disabling as hearing loss, they exceed it when taken together. Uncorrected refractive errors account for a similar amount of disability in Africa as worldwide, but the burden of cataracts and other types of vision loss is especially greater in Africa than elsewhere. Cataracts have been reported by 20.0 percent of Ghanaians and 13.3 percent of South Africans aged 50 and over, with higher rates in women and older age groups (He, Kowal, and Naidoo, 2018); and 25 percent of adults aged 50 and over in a Kenyan district developed a cataract that impaired their vision within a 6-year period (Bastawrous et al., 2019).

Access to treatment likely hinders the ability of older Africans to have these vision problems addressed, leading to their greater contribution to disability. For instance, cataracts are

Figure 4-7.
Percent Distribution of Levels of Difficulty in at Least One Functioning Domain by Age in Uganda and South Africa: 2016



Note: Domains include seeing, hearing, communicating, remembering or concentrating, walking or climbing steps, and washing all over or dressing.
Sources: Uganda Bureau of Statistics and ICF, 2018; National Department of Health et al., 2019.

[6] Differences by sex and urban/rural residence are statistically significant.

Box 4-2.

Difficulties With Activities of Daily Living Among Older Malawians—Findings From the Multiple Indicator Survey on Ageing

By: Karoline Schmid, United Nations Department of Economic and Social Affairs

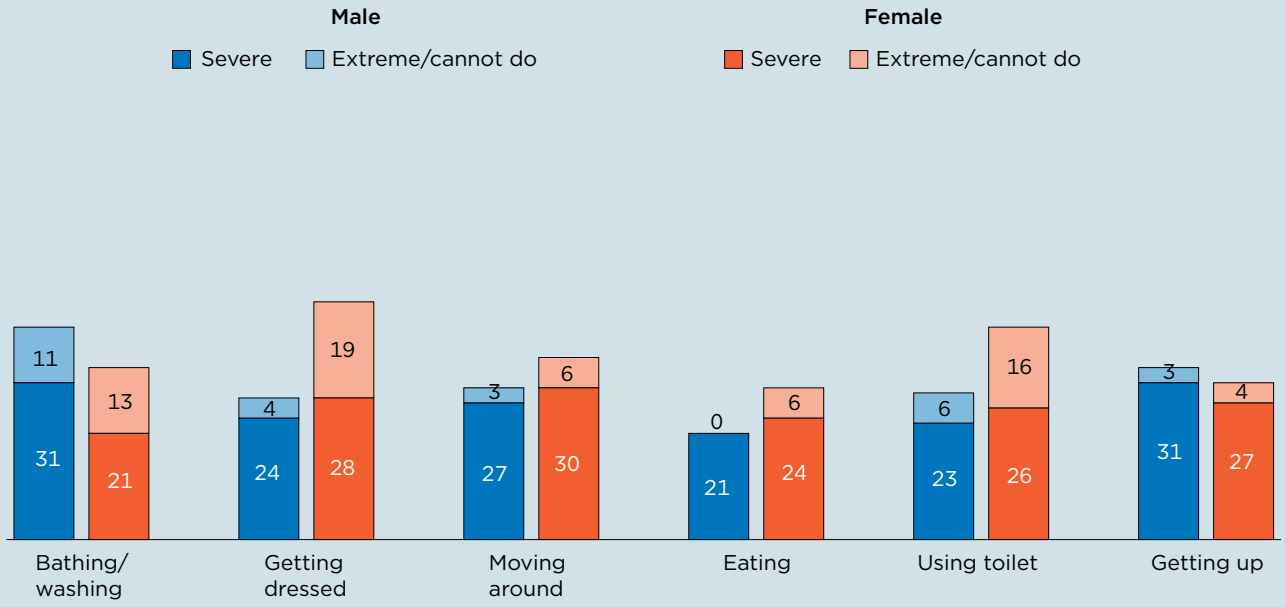
As sub-Saharan Africa (SSA) experiences rapid growth in the number and proportion of older persons in the population until at least 2050, African countries need to plan for a time in the not-too-distant future when their populations will be considerably older than they are today. Supporting governments in SSA to develop multi-sectoral evidence-based policy responses to population ageing, the United Nations Department of Economic and Social Affairs supported the development of a harmonized survey instrument to generate a robust knowledge base about older persons in SSA.[1] This instrument, the Multiple Indicator Survey on Ageing (MISA), was piloted in Malawi in four districts in summer 2017. The sample of 1,917 households is representative at the district level leading to a total of 2,338 older persons aged 60 or over (40.3 percent male and 59.7 percent female) interviewed.

To develop a comprehensive understanding of the health conditions of older persons, the MISA included questions on their ability to perform Activities of Daily Living (ADLs). ADLs are commonly used as a measurement of the functional status of an older person or a person with a disability. Findings show that only a minority of older persons reported major difficulties with ADLs. Older women were much more likely than their male counterparts to report having difficulties and to report a greater severity of difficulties experienced.

[1] For more information, see <www.un.org/development/desa/ageing/resources-2.html>.

Figure 4-8.

Percentage of Severe or Extreme Difficulties With Activities of Daily Living for the Population Aged 60 and Over in Malawi by Sex: 2017



Source: United Nations Department of Economic and Social Affairs and Government of Malawi, 2018.

Continued on next page.

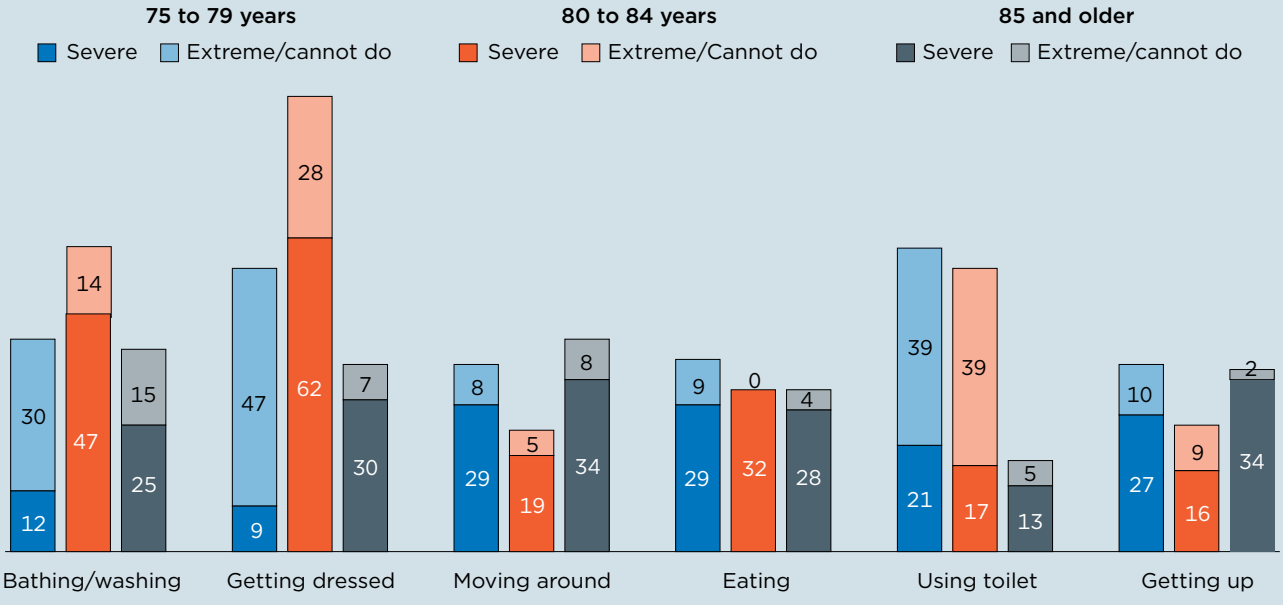
Gender differences also emerged with regard to the specific activities in which challenges are faced. Older men seem to find bathing slightly more challenging than older women—reporting higher levels of severe or extreme difficulty—but seem to be generally better able to get dressed, eat, and to get to and use a toilet (Figure 4-8).

The MISA findings also show marked differences in ADL disability by age. Among those aged 80–84, 62 percent found getting dressed to be severely difficult with an additional 28 percent considering this task extremely difficult (Figure 4-9). This compares to 9 percent among individuals aged 75–79 finding getting dressed severely difficult and 47 percent in this age group considering it extremely difficult or being unable to do at all. Overall, around 61 percent of those aged 80–84 had either severe or extreme difficulty bathing or washing.

The survey results show that more than one-third (37 percent) of those older persons reporting a difficulty with ADLs indicated that they depend on someone to assist with carrying out routine daily activities (UNDESA and Government of Malawi, 2018).

The MISA also collected information on older persons' households, such as household composition and support provided and received by members of the household, income and asset ownership, housing environment, and access to social programs and benefits by household members. The individual questionnaire focused on demographic information, physical health as well as access to and use of health care services including health insurance coverage, employment and source of income, food and nutrition, elder abuse and social life and loneliness. Several countries in SSA have expressed an interest in possibly conducting a similar survey or adding selected questions to an existing survey instrument.

Figure 4-9.
Percentage of Severe or Extreme Difficulties With Activities of Daily Living for the Population Aged 75 and Over in Malawi by Age: 2017



Source: United Nations Department of Economic and Social Affairs and Government of Malawi, 2018.

easily treatable with surgery, and glasses can correct refractive errors (WHO, 2015). The rate of reported blindness or visual limitations among older adults in several African countries is displayed in Table 4-5, showing wide variation in part due to how it is defined.[7] Rural residents reported significantly more vision problems than urban residents in all countries but Ethiopia, and significant sex differences are apparent in all countries besides Burkina Faso.[8]

Musculoskeletal conditions make similar contributions to disability in older adults in Africa.

After hearing loss, back and neck pain are the next largest contributors to YLD among older adults in both Africa and worldwide (Table 4-4). About 27.4 percent and 64.7 percent, respectively, of surveyed adults aged 50 and over affected by HIV in South Africa and Uganda reported back pain, with higher rates in women overall (Wang et al., 2018). Low back pain was also the leading complaint among older adult neurology patients in Cameroon (Callixte et al., 2015), and 44.0 percent of adults aged 60 and above living in two informal settlements in Nairobi, Kenya, reported having back pain in the past month (Aboderin and Nanyonjo, 2017).

Another important musculoskeletal disorder that is one of the leading contributors to YLD is osteoarthritis, which also has comparable rankings across both the African and global settings. Osteoarthritis was the third most common diagnosis among hospitalized older patients in Nigeria, affecting more than one-quarter (Adebusoye et al., 2011); in the general population, arthritis was self-reported in 15.4 percent of Ghanaians and 10.6 percent of South Africans (He, Kowal, and Naidoo, 2018). Likewise, nearly half of respondents in the Nairobi informal settlements reported arthritis symptoms in the past year, with one-quarter having a diagnosis (Aboderin and Nanyonjo, 2017).

MENTAL HEALTH AND SUBJECTIVE WELL-BEING

Life satisfaction is lower among older adults in Africa than other regions.

Health is a facet of overall well-being, and life satisfaction is a relevant measure that focuses on wellness rather than illness. Based on SAGE data in Ghana and South Africa, adults aged 50 and older had an average life satisfaction score that is considered by Gallup to fall within the "struggling" range—5.7 and 5.3, respectively, on a scale of 0 to 10—lower than the average scores found in Mexico (He, Kowal, and Naidoo, 2018).

Regional comparisons also show lower mean scores for life evaluation in older people in SSA compared to those in high-income countries, Latin America and the Caribbean, and former Soviet countries. While at older ages, life evaluation starts to increase with age in high-income countries, this was not the case in SSA based on Gallup's World Poll (Steptoe et al., 2015). However, measures of life

[7] Censuses use different definitions to classify individuals as having a vision-related disability for the variable in Table 4-5. For example, the South Africa census variable considers any amount of difficulty seeing.

[8] Differences by sex and urban/rural residence are statistically significant.

Table 4-5.
Prevalence of Blindness or Vision Impairment in the Population Aged 60 and Older by Urban/Rural Residence and Sex: Selected African Countries
(In percent)

Country and (year)	Total	Residence		Sex	
		Urban	Rural	Male	Female
Burkina Faso (2006)	2.8	1.7	3.0	2.9	2.7
Cameroon (2005)	1.4	1.1	1.6	1.5	1.4
Ethiopia (2007)	3.0	2.8	3.0	2.6	3.3
Ghana (2010)	6.8	6.2	7.3	6.6	6.9
Kenya (2009)	6.4	5.7	6.5	5.6	7.0
Malawi (2008)	6.3	5.2	6.3	6.5	6.1
Mali (2009)	1.5	1.1	1.6	1.8	1.1
South Africa (2011)	36.8	35.1	39.3	32.8	39.4
Tanzania (2012)	17.2	14.9	17.8	16.2	18.3

Note: Definitions used for disability related to vision differ across country censuses.
Sources: National population and housing censuses.

satisfaction in older African populations have also shown improvements with increasing income (Gureje, et al., 2014; Ralston et al., 2018).

Depression has an impact on older Africans

Depression is a major contributor to morbidity around the world, and among older Africans, it constitutes a somewhat larger share of the total YLD (Table 4-4). Generally, depressive disorders affect women more than men; however, older men also suffer a bit more from depression in Africa relative to the world as a whole based on the rankings in YLD. Poverty and hardship within this setting may exacerbate the situation in older adults (Ojagbemi, Bello, and Gureji, 2018). Prevalence estimates among those aged 50 and older suggest that 3.2 percent of Ghanaians and 2.8 percent of South Africans had depression, with prevalence increasing with age in Ghana (He, Kowal, and Naidoo, 2018). Additionally, among older adults in certain communities in Nigeria, 12.1 percent developed depression for the first time per year (Ojagbemi, Bello, and Gureji, 2018).

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Health systems are limited for older people in Africa.

As a whole, African healthcare systems suffer more than other regions from understaffing of health workers, insufficient financial resources, inadequate legal health coverage, and high out-of-pocket payments among the population; rural residents are particularly affected (Scheil-Adlung, 2015). Moreover, they remain focused primarily on communicable diseases and are, thus, not well-equipped to handle NCDs that disproportionately affect older populations (Nyirenda, 2016). For geriatric care specifically, medical training in geriatrics is limited in the region, with a study revealing that only 4.0 percent of surveyed institutions in SSA included mandatory geriatrics teaching as a specialty (Frost et al., 2015).

Health insurance coverage rates for older Africans are variable. For example, adults aged 60 and over are more likely to be covered than younger adults in Ghana and South Africa but are less likely to be covered in Kenya and Namibia (Table 4-6). Some countries have special programs for older people. Senegal's Plan Sesame offers free healthcare for those aged 60 and older, and Ghana's National Health Insurance Scheme (NHIS) provides premium exemptions for those aged 70 and above; studies in parts of these countries show that close to one-half of older Senegalese and over two-thirds of eligible Ghanaians participate in these programs (Parmar et al., 2014; Gyasi, Phillips, and Buor, 2018). However, considerable implementation challenges affect these social protection schemes, which limits effective provision of care to older citizens (Ba et al., 2014; Smith-Cavros et al., 2017).

Among older adults, the oldest old are nonetheless more likely to be insured in Ghana, where coverage rates in general are considerably higher than other countries, reflecting the NHIS program (Table 4-6). In Kenya and Namibia, on the other hand, those aged 60 to 69 are more likely to be insured than older age groups while coverage rates vary across age groups in South Africa. These data also show gender differences in coverage among older populations, except in Namibia, and significantly lower coverage rates among older Africans residing in rural areas.

Older Africans face challenges accessing healthcare.

In some cases, health service utilization among older Africans is below that of younger Africans despite having a greater burden of illness (Aboderin and Beard, 2015). In other instances, it may be comparable to or exceed healthcare utilization in younger populations. For example, outpatient healthcare in the past 4 weeks ranged from 16.7 percent in women and 11.0 percent in men aged 15 to 49 up to 21.6 percent and 15.8 percent, respectively, in women and men aged 65 and older in the Democratic Republic of Congo (Ministère du Plan et Suivi de la Mise en oeuvre de la Révolution de la Modernité, Ministère de la Santé Publique, and ICF International, 2014). Table B-13 presents additional data on recent illness and healthcare seeking in other African countries.

Regardless of the frequency of use, older adults are generally more likely to report difficulties accessing healthcare than younger adults. Around 48.7 percent of South African women aged 65 and older reported a problem accessing care due to either distance, obtaining permission, money, or having to go alone, while only 35.4 percent of young women aged 15 to 24 encountered problems (National Department of Health et al., 2019). And though less than 2 percent of South Africans aged 50 and over reported not seeking medical care

Box 4-3.

Growing Older With Dignity in South Africa

By: Pranitha Maharaj, University of KwaZulu-Natal, and Benjamin Roberts, Human Sciences Research Council, South Africa

Respecting human dignity is a foundational value guiding post-apartheid South African society, enshrined in the country's Constitution and the African philosophy of ubuntu (humaneness) (Chaskalson, 2000; Metz, 2011). Given the country's history, it is widely recognized that the dignity and quality of life of all citizens need to be promoted through government action to progressively ensure that basic socio-economic rights are realized. This applies especially to older people, who experience a range of physiological, psychological, and social changes that could potentially have far-reaching impacts on their personal well-being.

South Africa has one of the most rapidly aging populations in Africa, with an estimated 9.0 percent aged 60 and over by 2019 (Statistics South Africa, 2019), thanks in part to improvements in life expectancy due to the widespread rollout of antiretrovirals since the mid-2000s. In later ages, men and women are more likely to undergo a deterioration in their physical health and, as a result, display corresponding lower levels of subjective well-being (Smith et al., 2002). The mobility of older people may also be severely curtailed because of the deterioration in their physical health. Increasing health ailments may restrict independence and the ability to carry out normal activities of daily living. In addition, they may find it difficult to maintain social interactions and increasingly find themselves socially and emotionally isolated (Lelkes, 2013). In general, studies suggest that older people with more frequent social interactions tend to have greater levels of subjective well-being; in addition, they are also more likely to be happier (Lelkes, 2013; Lukaschek et al., 2017). As men and women age, a particular challenge lies in understanding the factors that affect the subjective well-being of older adults.

The South African Social Attitudes Survey (SASAS) shows that depression, as well as anxiety and loss of control, appear to have a major impact on life satisfaction of older South Africans. As people live to later ages, particularly the oldest of the old, they are more likely to experience physical and cognitive decline, which is likely to impact their functioning in society. In general, the greater the reported frequency of depressive symptoms among older South Africans (50+), including feelings of unhappiness, depression, and being overwhelmed by mounting difficulties, the lower the level of life satisfaction (Figure 4-10). The scale of variation in satisfaction with life as a whole is quite stark, approaching or exceeding

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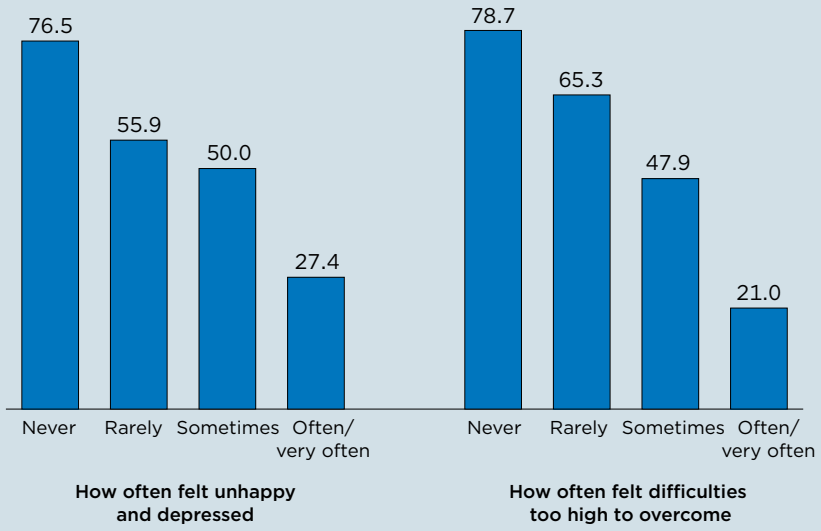
Figure 4-10.
Life Satisfaction Among People Aged 50 and Over in South Africa by Depressive Mood: 2017
(In percent)



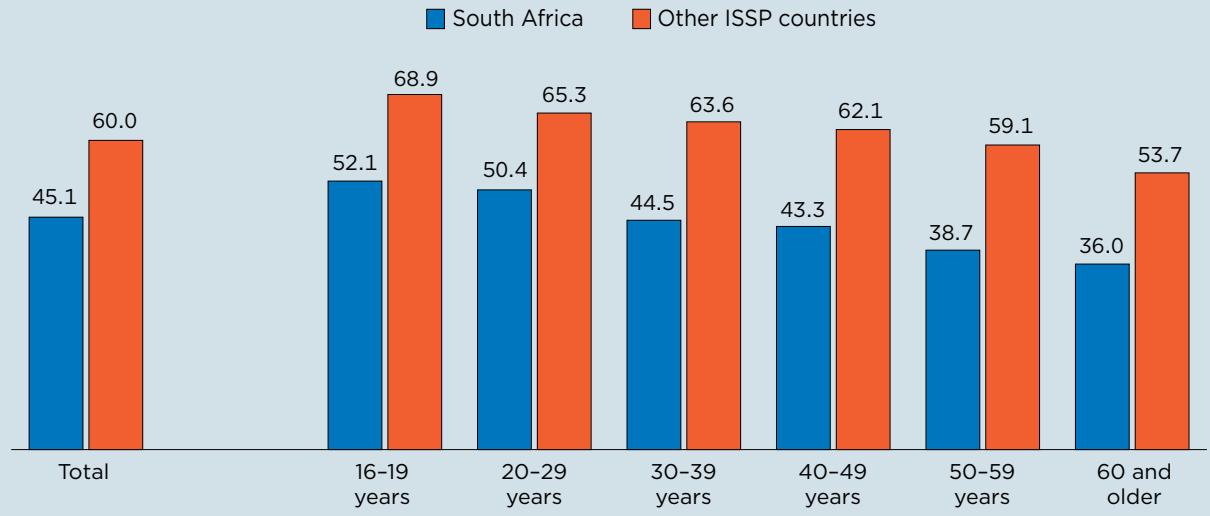
Source: Human Sciences Research Council, South African Social Attitudes Survey, 2017.

50 percentage points between those mentioning no recent depressive symptoms or feelings of insurmountable difficulties and those claiming frequent depressive episodes or overwhelmed feelings. In the absence of such feelings, around three-quarters of older South Africans express satisfaction with life.

The SASAS survey evidence also demonstrated that a sense of self-efficacy is a salient factor that promotes overall well-being among older citizens (Maharaj and Roberts, 2020). As Figure 4-11 conveys, there is a progressive decline in goal accomplishment across the life course. For South Africans beyond their forties, the share reporting self-efficacy (goal accomplishment) falls to between one-third and two-fifths compared to half among those in their twenties or younger. The chart shows that this decline in reported self-efficacy is common to other countries across world regions, but the general tendency is lower relative efficacy levels across all age groups in South Africa compared to other countries. For example, 45.1 percent of South Africans report self-efficacy compared to 60.0 percent of other nationals, with a similar difference in older South Africans aged 60 and above compared to their age counterparts in other countries (36.0 percent and 53.7 percent, respectively). In contrast to depressive mood, self-efficacy helps to buffer well-being. An estimated 80.9 percent of South Africans aged 50 and over that voice self-efficacy are satisfied with life, compared with only 42.7 percent that lack such beliefs.

There remains a strong link between wealth and personal well-being in South Africa. The government, in line with its constitutional imperative to protect the dignity of all citizens, has invested in a range of social policy measures that aim to ensure that older persons enjoy a decent quality of life in old age. This has included a non-contributory older person's grant (old age pension), low-cost housing, free primary health care, and subsidized basic household services. While such provisions have been instrumental in assisting older persons maintain a basic living standard, the continued signs of emotional and material strain experienced by many necessitate ongoing debates about achieving comprehensive social security and minimum adequacy standards in changing times.

Figure 4-11.
Self-Efficacy by Age in South Africa and Globally: 2017
(In percent)



Note: The percentages represent those answering "completely true," "mostly true," or "somewhat true" to the question, "To what extent is the following statement true or untrue for you?... It is easy for me to accomplish my goals." The 29 International Social Survey Programme (ISSP) countries other than South Africa are Australia, Austria, China, Taiwan, Croatia, Czech Republic, Denmark, Finland, France, Germany, Hungary, Iceland, India, Israel, Japan, Lithuania, Mexico, New Zealand, Philippines, Russia, Slovak Republic, Slovenia, Spain, Suriname, Sweden, Switzerland, Thailand, United Kingdom, and United States.
Sources: International Social Survey Programme, Social Networks and Social Resources, 2019; Human Sciences Research Council, South African Social Attitudes Survey, 2017.

Table 4-6.

Percentage of the Population That Is Covered by Health Insurance by Age and by Urban/Rural Residence and Sex: Selected African Countries

Country	15 to 59 years			60 and older							
					Age			Residence		Sex	
	Total	15 to 35 years	36 to 59 years	Total	60 to 69 years	70 to 79 years	80 and older	Urban	Rural	Male	Female
Ghana (2017)	48.0	48.7	46.7	62.1	57.4	66.0	69.7	68.4	56.5	55.3	67.0
Kenya (2015–2016)	21.8	19.6	26.5	13.6	16.3	10.7	9.4	22.1	11.2	17.9	9.9
Namibia (2015–2016)	24.1	22.5	27.4	16.2	20.2	12.3	10.9	38.7	6.5	16.7	15.8
South Africa (2014–2015)	3.1	2.1	4.7	6.5	6.5	6.9	5.5	9.5	1.3	8.2	5.4

Note: Ghana percentages represent individuals currently registered with a health insurance scheme. Kenya percentages represent individuals covered by any health insurance in the past 12 months. Namibia percentages represent households where all or some members have medical aid/health insurance coverage. South Africa percentages represent individuals covered by medical aid, a medical benefit scheme or a provident scheme.

Sources: Living Standards Measurement Surveys.

the last time it was needed, about 14 percent of their Ghanaian counterparts reported the same; this amount varied from around 1 to 9 percent across several other middle-income countries (Peltzer et al., 2014). Older Africans who have low incomes are also less likely to be enrolled in health insurance or seek care as frequently or as early (Parmar et al., 2014; Saeed et al., 2015; Atchessi et al., 2018; Gyasi, Phillips, and Buor, 2018), although some impoverished older adults who are beneficiaries of social programs demonstrate high healthcare utilization (Agyemang-Duah, Peprah, and Arthur-Holmes, 2019). Additional data on healthcare use in older Africans by other characteristics are presented in Table B-14.

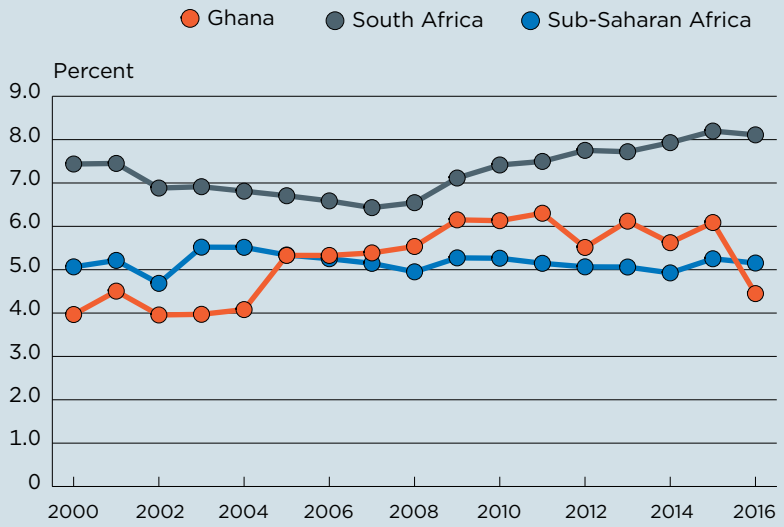
Box 4-4.

Health Systems Issues in Sub-Saharan Africa: Focus on Ghana and South Africa's NCD Burdens in Older Populations

By: Paul Kowal, World Health Organization, and Stella Lartey, University of Tasmania

The ambitious targets agreed to by governments across sub-Saharan Africa (SSA) to achieve universal health coverage, as part of the UN Sustainable Development Goal #3 (SDG3), will require substantial investments to strengthen comprehensive health service delivery (Civil Society for Malaria Eradication, 2019). According to the global health community, countries will need to increase spending on primary health care by at least 1 percent of GDP to close coverage gaps and meet the SDG3 targets (WHO, 2019a). In the decade leading to 2016, the level of spending on health as a percentage of GDP in SSA countries remained on average unchanged (5.1 percent in 2007 and 5.2 percent in 2016) (Figure 4-12). Meanwhile, the amount of development assistance for health (DAH) to SSA remains high compared to other regions but was again largely stable over the last 5–6 years (Institute for Health Metrics and Evaluation [IHME], 2018), and the overwhelming majority of the DAH funding goes to communicable diseases. Worryingly, out-of-pocket expenditures as a percentage of overall health expenditures have increased on average in SSA from 61.6 percent in 2010 to 72.6 percent in 2016 (World Bank, 2019b), with per person annualized rate of change in out-of-pocket expenditures (+2.1 percent) between 2015 and 2040 projected to be higher than government (+1.4 percent) and DAH (+1.3 percent) spending on health (IHME, 2018).

Figure 4-12.
Current Health Expenditure as a Percentage of Gross Domestic Product in Ghana, South Africa, and Sub-Saharan Africa: 2000 to 2016



Source: The World Bank, 2019.

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A significant portion of out-of-pocket household health expenditures in the region will be from chronic conditions and driven by related health risks—with financial encumbrances possibly starting at an earlier age. According to the latest Burden of Disease estimates, focusing on two countries in the region, a Ghanaian aged 60 and a South African aged 64 have the same age-related disease burden as the global average person aged 65, indicating that disease burdens from noncommunicable diseases (NCDs) start at an earlier age in SSA (Chang et al., 2019).

Data from the WHO Study on global AGEing and adult health (SAGE) in Ghana and South Africa provide fine-grained details on health and health systems that largely support the international data showing the burden of disease now and into the future will be focused on age-related diseases. For instance, the prevalence of chronic conditions and of many common drivers of NCDs in the population aged 50 and older was high in these two countries—with diabetes at 4.4 percent and 14.6 percent, hypertension at 38.7 percent and 49.9 percent, and insufficient physical activity at 39.4 percent and 79.8 percent in Ghana and South Africa, respectively (He, Kowal, and Naidoo, 2018). Ghanaian women who had insufficient physical activity were more likely to have high body mass index—with rates of both overweight and obesity increasing in women between SAGE Ghana Wave 1 (2007/08) and SAGE Ghana Wave 2 (2014/15) (Lartey et al., 2019a). Overweight prevalence similarly increased in Ghanaian men, while obesity levels declined. Overall, 23 percent of Ghanaians aged 50 and older were overweight and 13 percent were obese in SAGE Wave 2 (Lartey et al., 2019b).

The impact of these chronic conditions and risks on the health system are high. In Ghana, for example, compared to normal weight respondents, overweight was associated with 1.8 additional inpatient admissions, while obesity was associated with an additional 2.6 inpatient admissions and 1.5 outpatient visits (Lartey et al., 2019b). Overweight respondents also had 73 percent higher costs than normal weight respondents, while costs were double for obese respondents (authors' calculations). Moreover, most of these costs (60 percent) were borne by the government's National Health Insurance Scheme. The rising burden of chronic noncommunicable diseases and their risks in middle-income countries like Ghana and South Africa will clearly have major implications on the ability of these countries to achieve universal health coverage. As some low- and middle-income countries (LMICs) lack evidence on the burden of chronic disease, preventative measures may not be appropriately targeted (Ministry of Health, 2012). Thus, extending studies, such as the WHO SAGE, to other LMICs would facilitate the development of evidence-based strategies to tackle the burden of chronic diseases and major risk factors.

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Chapter 5.

Summary and Discussion

HIGHLIGHTS

- Between 2020 and 2050, the older African population is projected to triple from 74.4 million to 235.1 million. Its growth in the next 3 decades will outpace that of any other world region.
- A majority of African countries have less than 7 percent older population in 2020; by 2050 it is projected to be just over one-fifth of countries in the region.
- Nigeria has the nineteenth largest older population in the world in 2020, which is projected to rise to the eleventh largest in 2050.
- "African exceptionalism" in the fertility transition continues, but a widespread fertility decline in sub-Saharan Africa (SSA) is on the horizon.
- Africa has the highest total dependency ratio in the world, with children representing a much heavier societal support burden than older people.
- Older Africans largely reside in rural areas, but the older population is urbanizing too.
- Whether in rural or urban areas, the large majority of older Africans have limited geographic mobility, having stayed in the same locality for 10 years or more.
- Most older adults in Africa live in large, multigenerational households and many live with young children. However, a significant and rising share lives alone.
- Less than one-fourth of older adults in SSA are covered by a pension.
- Seven in 10 adults aged 60 to 64 and almost half of those aged 65 and older in SSA remain in the labor force, a higher share than in all other world regions.
- In some SSA countries, 9 in 10 older adults have no education. Lack of formal education is more prevalent among older women and in rural areas.
- Noncommunicable diseases dominate in older adults in Africa, as globally, but infectious diseases are still relevant as causes of mortality in this older population.
- Cardiovascular disease tops the list for older adult deaths in Africa and elsewhere.
- Sensory impairments are among the most disabling conditions for older Africans and non-Africans alike.
- Antiretroviral therapy and a reduction in new infections among younger people are contributing to Africa's aging HIV population.
- Older African women have reported higher rates of disability or functional limitations compared to men. They are also more likely to report a greater severity of difficulties performing activities of daily living.
- Health systems for African older adults, rural residents in particular, suffer from understaffing of health workers, insufficient financial resources, inadequate legal health coverage, and high out-of-pocket payments.

MAIN FINDINGS OF THIS REPORT

Africa currently has the fewest older people and lowest proportion of older population among all world regions. However, the region and especially SSA, is poised to undergo a rapid growth in the absolute size of the older population that will outpace any other region, as projected by the U.S. Census Bureau's International Data Base. In 3 decades' time, older Africans may represent an equal share among the global older population as older people in Europe, currently the oldest world region. By 2050, seven African countries, led by Nigeria, will likely each host more than 10 million people aged 60 and older, and in all, 36 African countries will have more than 1 million older adults. Subregional differences within Africa are noteworthy; Southern Africa has the highest proportion and Western Africa the largest number of older people, both in SSA.

Population aging is propelled mainly by fertility declines. SSA's fertility transition started later and is proceeding more slowly than in other parts of the world, stalling in some countries. However, SSA is projected to experience a dramatic decline in its fertility, along with declines in mortality, especially in infant and child mortality. At present, Africa has the highest total dependency ratio of any world region, with children representing a much heavier societal support burden than older people.

Findings of this report, derived partly from censuses and surveys

from 14 SSA countries, provide an overall demographic, socioeconomic, and health portrait of the older Africans. Most older adults in Africa are rural residents and seldom move. A majority lives in multigenerational households or skipped-generation households; just 1 in 10 live alone. The majority of older adults in SSA have no formal education, with older women and rural residents particularly disadvantaged. About half of older people live in poor households, a typically higher share than for younger adults. Those in rural households are more likely to live in poverty than their urban counterparts.

Older Africans play critical economic, family, and community roles. Far from being "unproductive" as commonly assumed in metrics, such as the old-age dependency ratio, a majority of adults aged 60 to 64 and around half of those aged 65 and older in Africa remain in the labor force. Many older Africans, in particular women, contribute substantial levels of unpaid domestic and care work.

At home, older Africans often provide advice or guidance to their children or other family members, and take care of grandchildren or other small children, including in skipped-generation households where the parents of the grandchildren are absent. They also play roles as elders or community leaders.

In most of Africa, systems of organized long-term care (LTC) provision have not yet been developed; the provision of LTC and support to older adults remains overwhelmingly with the family, predominantly by women. Nevertheless, some form of organized care services, offered in particular by the private or charitable sectors, has been observed in several contexts.

When it comes to health, the data compiled in this report demonstrate that Africa's aging population faces several challenges, some of which mirror those seen in other world regions, while others are unique. First, living longer does not equate to living a healthier life, as healthy life expectancy is less than life expectancy across all world regions, with Africa having the shortest for both. However, for Africans who have already reached the older years, the disparities in healthy life expectancy as compared to other regions are not as large.

Older Africans resemble the world's older population in the predominance of noncommunicable diseases as causes of death and ill health. In particular, cardiovascular disease is the biggest culprit when it comes to mortality, and sensory impairments are the leading causes of years lived with disability among older Africans and older adults globally. However, compared to other areas, the contribution of communicable diseases, such as tuberculosis, lower respiratory infections, parasitic infections, and diarrheal diseases, remains substantial in older Africans. Nonetheless, as African populations continue to age and as management and prevention of infectious diseases improves, chronic NCDs associated with aging will constitute an ever-increasing share of the health burden on the continent.

Despite health challenges besetting Africa's aging population, there is also progress and promise. The widespread availability of antiretroviral therapy is contributing to longer lifespans for those living with HIV, and this notable achievement has had positive impacts on life expectancy in Africa. Moreover, awareness of the current health situation also presents opportunities for early intervention to prepare for and potentially avert rising health issues as Africa undergoes demographic and epidemiologic transitions. For example, while conditions, such as cancer or dementia, may not quite rival the levels seen in higher-income countries, they are nonetheless becoming increasingly prevalent in SSA.

CONTRIBUTIONS AND LIMITATIONS OF THIS STUDY

This report is one of the first to use numerous data sources, ranging directly from censuses and surveys of several African countries to public databases and published research, to present a comprehensive overview of Africa's older population's demographic, socioeconomic, and health characteristics. It fills important data gaps on aging in Africa, SSA in particular.

While the study provides evidence on trends and patterns of Africa aging, its analyses are mostly cross-sectional in nature. It serves as a salient reminder that robust, coherent, longitudinal data on health, social, and economic trajectories into and in older age are still largely missing.[1]

[1] Health and Aging in Africa: A Longitudinal Study of an INDEPTH Community in South Africa is an important exception.

Another limitation of this study is that, while national in scope, data in this study do not sufficiently capture marginalized groups. A case in point is data on older adults residing in urban informal settlements or "slums" who may be underrepresented in national surveys but represent an important axis of inequality within urban areas (Kimani-Murage et al., 2014; APHRC, 2014; UN Habitat, 2016; Ezeh et al., 2017). Between 1990 and 2014, SSA experienced the highest growth globally in the absolute number of slum dwellers, with more than half (54 percent) of its urban population presently residing in such settlements (UN Habitat, 2016; UNDESA-PD, 2019; UN, 2019). Yet, no data are presently available on the size and trends in the share of Africa's urban older population that resides in slums.

Although the data available for this report document a wide range of older Africans' social and economic circumstances, they provide only limited information on several key aspects. One example is poverty. Concerns about poverty in Africa's older population arise from the extremely limited pension coverage of older adults, especially in SSA; the concentration of those who work in the informal, typically lower paid economy; low levels of education; and evidence of inadequacies in material support rendered to older adults by kin (Aboderin, 2010). However, research literature and comprehensive evidence on the nature, scope, and patterns of income poverty within Africa's older population remain extremely sparse (Kwan and Walsh, 2018).

Other areas that need substantial or robust data include, but are not limited to, migration, social roles, and LTC of the older Africans.

CONCLUSION

All told, Africa aging presents challenges but also opportunities. In their economic and social roles and contributions, older adults can represent a resource in African countries' quest to enhance the capacities of and opportunities for its young population in pursuit of a first demographic dividend. Through investments in systems to prevent and respond to older adults' health and LTC needs, to address education deficits and poverty, and to expand opportunities for intergenerational engagement, countries could harness this resource, while realizing older individuals' rights. Such investments could also better position SSA for prospects of a second demographic dividend, which for some countries is already on the horizon (Aboderin and Gelfand, 2019).

This report serves as a baseline of information in view of the inevitable rapid aging in Africa and points to the enormity of the size of the older population that simply cannot be ignored. The older population in Africa warrants heightened attention from government policymakers, societies, and research communities alike.

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Appendix A.
Lists

A-1.

List of Subregions and Countries of Africa Used in This Report

Northern Africa

Algeria

Egypt

Libya

Morocco

South Sudan

Sudan

Tunisia

Western Sahara

SUB-SAHARAN AFRICA[1]

Eastern Africa

Burundi

Comoros

Djibouti

Eritrea

Ethiopia

Kenya

Madagascar

Malawi

Mauritius

Mozambique

Rwanda

Seychelles

Somalia

Tanzania

Uganda

Zambia

Zimbabwe

Middle Africa

Angola

Cameroon

Central African Republic

Chad

Democratic Republic of the Congo

Equatorial Guinea

Gabon

Republic of the Congo[2]

Sao Tome and Principe

Southern Africa

Botswana

Eswatini[3]

Lesotho

Namibia

South Africa

Western Africa

Benin

Burkina Faso

Cabo Verde

Côte d'Ivoire

Gambia, The

Ghana

Guinea

Guinea-Bissau

Liberia

Mali

Mauritania

Niger

Nigeria

Saint Helena, Ascension, and Tristan da Cunha

Senegal

Sierra Leone

Togo

[1] Based on the United Nations definition, sub-Saharan Africa consists of all subregions in Africa except for Northern Africa. For more information, see "UNStats Geographic Regions" at <https://unstats.un.org/unsd/methodology/m49/>, accessed on December 18, 2018.

[2] In the U.S. Census Bureau's International Data Base, the Democratic Republic of the Congo is referred to as "Congo (Kinshasa)" and the Republic of the Congo is referred to as "Congo (Brazzaville)."

[3] Eswatini was formerly known as Swaziland and changed its name in 2018.

A-2.

List of Countries by WHO Regional Categories

African Region

Algeria
Angola
Benin
Botswana
Burkina Faso
Burundi
Cabo Verde
Cameroon
Central African Republic
Chad
Comoros
Congo (Brazzaville)
Côte d'Ivoire
Democratic Republic of the Congo
Equatorial Guinea
Eritrea
Eswatini
Ethiopia
Gabon
Gambia
Ghana
Guinea
Guinea-Bissau
Kenya
Lesotho
Liberia
Madagascar
Malawi
Mali
Mauritania
Mauritius
Mozambique
Namibia
Niger
Nigeria
Rwanda
Sao Tome and Principe
Senegal
Seychelles
Sierra Leone
South Africa
South Sudan
Togo
Uganda
United Republic of Tanzania
Zambia
Zimbabwe

Region of the Americas

Antigua and Barbuda
Argentina
Bahamas
Barbados
Belize
Bolivia (Plurinational State of)
Brazil
Canada
Chile
Colombia
Costa Rica
Cuba
Dominican Republic
Ecuador
El Salvador
Grenada
Guatemala
Guyana
Haiti
Honduras
Jamaica
Mexico
Nicaragua
Panama
Paraguay
Peru
Saint Lucia
Saint Vincent and the Grenadines
Suriname
Trinidad and Tobago
United States of America
Uruguay
Venezuela (Bolivarian Republic of)

South-East Asia Region

Bangladesh
Bhutan
Democratic People's Republic of Korea
India
Indonesia
Maldives
Myanmar
Nepal
Sri Lanka
Thailand
Timor-Leste

European Region

Albania
Armenia
Austria
Azerbaijan
Belarus
Belgium
Bosnia and Herzegovina
Bulgaria
Croatia
Cyprus
Czechia
Denmark
Estonia
Finland
France
Georgia
Germany
Greece
Hungary
Iceland

Ireland
Israel
Italy
Kazakhstan
Kyrgyzstan
Latvia
Lithuania
Luxembourg
Malta
Montenegro
Netherlands
Norway
Poland
Portugal
Republic of Moldova
Romania
Russian Federation
Serbia
Slovakia
Slovenia
Spain
Sweden
Switzerland
Tajikistan
The former Yugoslav Republic of Macedonia
Turkey
Turkmenistan
Ukraine
United Kingdom of Great Britain and Northern Ireland
Uzbekistan

Eastern Mediterranean Region

Afghanistan
Bahrain
Djibouti
Egypt
Iran (Islamic Republic of)
Iraq
Jordan
Kuwait
Lebanon
Libya
Morocco
Oman
Pakistan
Qatar
Saudi Arabia
Somalia
Sudan
Syrian Arab Republic
Tunisia
United Arab Emirates
Yemen

Western Pacific Region

Australia
Brunei Darussalam
Cambodia
China
Fiji
Japan
Kiribati
Lao People's Democratic Republic
Malaysia
Micronesia (Federated States of)
Mongolia
New Zealand
Papua New Guinea
Philippines
Republic of Korea
Samoa
Singapore
Solomon Islands
Tonga
Vanuatu
Viet Nam

Appendix B.
Detailed Tables

Table B-1.

Total Population Aged 60 and Older and Percentage Aged 60 and Older for African Countries: 2020 and Projected 2050—Con.

(In thousands)

Country	2020			2050 (projected)		
	Total population	Population 60 and older	Percent 60 and older of total population	Total population	Population 60 and older	Percent 60 and older of total population
Algeria	42,973	4,044	9.4	55,445	12,766	23.0
Angola	32,522	1,210	3.7	82,179	4,516	5.5
Benin	12,865	491	3.8	32,207	1,827	5.7
Botswana	2,317	188	8.1	3,201	574	17.9
Burkina Faso	20,835	986	4.7	37,009	3,219	8.7
Burundi	11,866	586	4.9	25,504	1,953	7.7
Cabo Verde	583	49	8.4	742	162	21.9
Cameroon	27,745	1,335	4.8	57,359	4,338	7.6
Central African Republic	5,991	312	5.2	10,339	852	8.2
Chad	16,877	651	3.9	37,469	2,269	6.1
Comoros	846	51	6.0	1,170	163	13.9
Congo (Brazzaville)	5,293	272	5.1	10,202	920	9.0
Côte d'Ivoire	27,481	1,218	4.4	47,023	4,807	10.2
DRC	101,780	3,979	3.9	240,992	13,722	5.7
Djibouti	922	56	6.1	1,396	201	14.4
Egypt	104,124	7,395	7.1	168,938	23,122	13.7
Equatorial Guinea	836	49	5.9	1,428	151	10.6
Eritrea	6,081	344	5.7	8,935	1,058	11.8
Eswatini	1,104	64	5.8	1,268	184	14.5
Ethiopia	108,113	5,748	5.3	196,219	19,700	10.0
Gabon	2,231	138	6.2	4,089	412	10.1
Gambia, The	2,174	122	5.6	3,210	414	12.9
Ghana	29,340	1,967	6.7	52,416	5,831	11.1
Guinea	12,527	753	6.0	27,532	2,045	7.4
Guinea-Bissau	1,927	88	4.6	4,039	260	6.4
Kenya	53,528	2,557	4.8	89,732	10,726	12.0
Lesotho	1,969	156	7.9	1,920	268	13.9
Liberia	5,073	218	4.3	10,570	730	6.9
Libya	6,891	432	6.3	9,617	1,882	19.6
Madagascar	26,956	1,472	5.5	45,808	4,933	10.8
Malawi	21,197	847	4.0	51,781	3,078	5.9
Mali	19,553	914	4.7	41,656	2,697	6.5
Mauritania	4,005	242	6.0	6,536	741	11.3
Mauritius	1,379	230	16.7	1,441	423	29.3
Morocco	35,562	3,942	11.1	42,002	9,816	23.4
Mozambique	30,098	1,320	4.4	63,427	3,656	5.8
Namibia	2,630	154	5.9	4,157	505	12.2
Niger	22,772	927	4.1	62,415	2,563	4.1
Nigeria	214,028	10,877	5.1	416,996	33,190	8.0
Rwanda	12,712	574	4.5	19,169	2,192	11.4

Table B-1.

Total Population Aged 60 and Older and Percentage Aged 60 and Older for African Countries: 2020 and Projected 2050—Con.

(In thousands)

Country	2020			2050 (projected)		
	Total population	Population 60 and older	Percent 60 and older of total population	Total population	Population 60 and older	Percent 60 and older of total population
See notes at end of table.						
Saint Helena, Ascension, and Tristan da Cunha	8	2	23.1	7	3	37.0
Sao Tome and Principe	211	10	4.6	309	36	11.6
Senegal	15,736	771	4.9	27,244	2,622	9.6
Seychelles	96	13	13.2	100	34	33.7
Sierra Leone	6,625	349	5.3	13,594	1,059	7.8
Somalia	11,757	494	4.2	22,626	1,629	7.2
South Africa	56,464	5,207	9.2	68,529	12,625	18.4
South Sudan	10,561	446	4.2	23,625	1,714	7.3
Sudan	45,562	2,167	4.8	89,328	7,466	8.4
Tanzania	58,553	2,721	4.6	118,586	9,272	7.8
Togo	8,608	475	5.5	16,584	1,596	9.6
Tunisia	11,721	1,584	13.5	12,679	3,642	28.7
Uganda	43,253	1,561	3.6	97,113	6,170	6.4
Western Sahara	652	42	6.4	1,173	135	11.5
Zambia	17,427	623	3.6	38,993	1,976	5.1
Zimbabwe	14,546	949	6.5	25,553	2,274	8.9

Note: DRC is the Democratic Republic of the Congo. In the U.S. Census Bureau's International Data Base, the Democratic Republic of the Congo is referred to as "Congo (Kinshasa)" and the Republic of the Congo is referred to as "Congo (Brazzaville)."

Source: U.S. Census Bureau, International Data Base, 2019.

Table B-2a.

Total Fertility Rate, Mortality Rate Under the Age of 5, and Life Expectancy for African Countries by Sex: 2020—Con.

Country	Total fertility rate	Under age 5 mortality rate			Life expectancy		
		Both sexes	Male	Female	Both sexes	Male	Female
Algeria	2.6	20.0	21.0	18.8	77.5	76.1	79.1
Angola	6.0	96.1	102.3	89.8	61.3	59.3	63.4
Benin	4.5	72.1	75.3	68.9	63.4	61.9	65.0
Botswana	2.5	34.5	37.5	31.3	64.8	62.8	66.9
Burkina Faso	4.5	86.7	91.4	81.8	62.7	60.9	64.5
Burundi	5.8	82.3	88.5	76.0	62.2	60.4	64.0
Cabo Verde	2.2	23.6	27.1	20.0	73.2	70.8	75.6
Cameroon	4.5	82.2	88.1	76.2	60.3	58.8	61.9
Central African Republic	4.1	116.6	124.3	108.7	54.2	52.7	55.7
Chad	5.7	114.5	120.8	108.0	58.3	56.5	60.1
Comoros	3.0	73.9	86.7	60.8	65.7	63.3	68.1
Congo (Brazzaville)	4.5	75.8	80.9	70.6	61.3	59.9	62.7
Côte d'Ivoire	3.7	81.3	90.2	72.2	61.3	59.2	63.6
DRC	5.8	86.3	93.0	79.4	61.0	59.3	62.8
Djibouti	2.2	55.5	63.3	47.4	64.7	62.1	67.4
Egypt	3.3	19.9	21.1	18.6	73.7	72.3	75.3
Equatorial Guinea	4.1	82.0	81.7	82.3	65.7	64.4	66.9
Eritrea	3.7	62.5	72.5	52.3	66.2	63.6	68.8
Eswatini	2.5	54.9	59.6	50.0	58.6	56.5	60.7
Ethiopia	4.1	50.4	56.3	44.4	67.5	65.5	69.7
Gabon	3.4	44.9	48.7	40.9	69.0	67.3	70.8
Gambia, The	3.2	73.9	80.7	66.9	65.8	63.5	68.3
Ghana	3.9	47.0	53.7	40.1	68.2	65.6	70.8
Guinea	4.9	78.7	83.8	73.4	63.2	61.3	65.0
Guinea-Bissau	4.8	77.5	84.9	69.8	62.8	60.6	65.1
Kenya	3.4	41.0	44.9	37.2	69.0	67.3	70.6
Lesotho	2.5	59.5	63.4	55.5	53.0	53.1	53.0
Liberia	4.9	63.3	68.2	58.2	64.7	62.5	67.0
Libya	2.0	11.1	12.0	10.2	77.2	75.4	79.2
Madagascar	3.8	52.8	58.5	46.9	67.3	65.7	68.9
Malawi	5.3	64.6	73.9	55.3	63.2	61.2	65.3
Mali	5.7	101.2	107.5	94.6	61.6	59.4	63.9
Mauritania	3.7	70.5	77.6	63.2	64.5	62.1	67.0
Mauritius	1.7	10.2	12.0	8.4	76.5	73.0	80.1
Morocco	2.3	21.3	23.5	18.9	73.3	71.6	75.1
Mozambique	5.0	99.8	100.4	99.1	55.9	54.4	57.4
Namibia	3.1	46.5	50.3	42.5	65.3	63.3	67.3
Niger	7.0	105.2	109.6	100.6	59.3	57.8	60.8
Nigeria	4.7	91.5	97.4	85.4	60.4	58.6	62.3
Rwanda	3.5	37.1	40.2	34.0	65.1	63.2	67.1
Saint Helena, Ascension, and Tristan da Cunha	1.6	13.6	16.2	11.0	80.0	77.1	83.1
Sao Tome and Principe	3.8	60.3	61.9	58.7	66.3	64.9	67.8

See notes at end of table.

Table B-2a.
Total Fertility Rate, Mortality Rate Under the Age of 5, and Life Expectancy for African Countries by Sex: 2020—Con.

Country	Total fertility rate	Under age 5 mortality rate			Life expectancy		
		Both sexes	Male	Female	Both sexes	Male	Female
Senegal	4.0	77.3	83.9	70.6	63.2	61.1	65.4
Seychelles	1.8	12.3	15.4	9.1	75.6	71.1	80.2
Sierra Leone	4.6	95.7	107.7	83.3	59.8	57.1	62.6
Somalia	5.5	143.6	154.3	132.6	54.0	51.8	56.2
South Africa	2.2	34.1	37.8	30.4	64.8	63.4	66.2
South Sudan	5.5	111.1	117.3	104.7	55.5	54.6	56.5
Sudan	4.7	60.4	67.0	53.5	66.5	64.3	68.8
Tanzania	4.6	53.0	56.7	49.3	63.9	62.3	65.5
Togo	4.2	59.1	68.2	49.6	66.6	63.9	69.3
Tunisia	2.1	12.4	13.6	11.2	76.3	74.6	78.1
Uganda	5.5	45.2	50.0	40.2	68.2	66.0	70.5
Western Sahara	3.7	70.5	77.6	63.2	64.5	62.1	67.0
Zambia	5.5	95.1	103.3	86.6	53.6	51.9	55.3
Zimbabwe	3.9	47.4	52.4	42.3	62.3	60.2	64.5

Note: DRC is the Democratic Republic of the Congo. The total fertility rate is defined as the average number of children that would be born per woman if all women lived to the end of their childbearing years and bore children according to a given set of age-specific fertility rates.

Source: U.S. Census Bureau, International Data Base, 2019.

Appendix B-2b.

Life Expectancy at Age 60 for African Countries and Non-African Countries—Con.

African Countries

Country	LE60	Country	LE60
Algeria	21.9	Liberia	15.8
Angola	17.3	Libya	18.3
Benin	17.2	Madagascar	17.1
Botswana	17.4	Malawi	17.4
Burkina Faso	15.5	Mali	15.4
Burundi	16.6	Mauritania	16.5
Cabo Verde	18.6	Mauritius	20.7
Cameroon	16.5	Morocco	20.5
Central African Republic	16.0	Mozambique	17.9
Chad	15.9	Namibia	16.7
Comoros	16.3	Niger	16.2
Congo (Brazzaville	17.6	Nigeria	13.9
Côte d'Ivoire	14.3	Rwanda	18.5
Democratic Republic of the Congo	16.9	Sao Tome and Principe	18.3
Djibouti	17.6	Senegal	16.9
Egypt	16.9	Seychelles	19.6
Equatorial Guinea	16.8	Sierra Leone	13.3
Eritrea	16.4	Somalia	16.3
Eswatini	16.0	South Africa	16.6
Ethiopia	18.1	South Sudan	16.6
Gabon	18.3	Sudan	17.9
Gambia, The	15.3	Togo	15.3
Ghana	15.7	Tunisia	20.1
Guinea	15.3	Uganda	17.1
Guinea-Bissau	15.2	United Republic of Tanzania	17.5
Kenya	18.6	Zambia	17.5
Lesotho	15.3	Zimbabwe	17.5

Non-African Countries

Country	LE60	Country	LE60
Afghanistan	16.3	Ecuador	22.8
Albania	20.8	El Salvador	21.9
Antigua and Barbuda	19.7	Estonia	22.2
Argentina	21.8	Fiji	17.2
Armenia	19.6	Finland	24.2
Australia	25.6	France	25.9
Austria	24.4	Georgia	18.3
Azerbaijan	18.9	Germany	23.6
Bahamas	22.6	Greece	23.9
Bahrain	21.7	Grenada	19.1
Bangladesh	19.6	Guatemala	21.3
Barbados	19.8	Guyana	16.8
Belarus	19.6	Haiti	17.7
Belgium	24.1	Honduras	22.4
Belize	17.1	Hungary	20.1
Bhutan	20.7	Iceland	24.7
Bolivia (Plurinational State of	21.4	India	18.0
Bosnia and Herzegovina	20.7	Indonesia	16.7
Brazil	21.7	Iran (Islamic Republic of	19.7
Brunei Darussalam	20.4	Iraq	18.8
Bulgaria	19.8	Ireland	24.1
Cambodia	17.4	Israel	24.7
Canada	25.7	Italy	25.0
Chile	23.4	Jamaica	22.5
China	19.9	Japan	26.4
Colombia	21.8	Jordan	19.3
Costa Rica	24.1	Kazakhstan	17.7
Croatia	21.5	Kiribati	16.9
Cuba	22.7	Kuwait	17.9
Cyprus	22.8	Kyrgyzstan	18.0
Czechia	22.1	Lao People's Democratic Republic	16.8
Democratic People's Republic of Korea	17.8	Latvia	20.7
Denmark	23.8	Lebanon	19.8
Dominican Republic	22.0	Lithuania	20.7

See note at end of table.

Appendix B-2b.

Life Expectancy at Age 60 for African Countries and Non-African Countries—Con.

Non-African Countries—Con.

Country	LE60	Country	LE60
Luxembourg	24.7	Saudi Arabia	18.7
Malaysia	19.9	Serbia	19.8
Maldives	21.0	Singapore	25.0
Malta	23.9	Slovakia	21.3
Mexico	22.3	Slovenia	23.7
Micronesia (Federated States of)	17.3	Solomon Islands	17.7
Mongolia	17.3	Spain	25.4
Montenegro	20.2	Sri Lanka	20.8
Myanmar	16.9	Suriname	19.2
Nepal	17.6	Sweden	24.6
Netherlands	24.0	Switzerland	25.5
New Zealand	25.3	Syrian Arab Republic	18.5
Nicaragua	22.8	Tajikistan	17.7
Norway	24.7	Thailand	22.1
Oman	21.2	The Former Yugoslav Republic of Macedonia	19.5
Pakistan	17.8	Timor-Leste	17.1
Panama	24.0	Tonga	18.9
Papua New Guinea	16.9	Trinidad and Tobago	19.6
Paraguay	21.2	Turkey	21.2
Peru	21.6	Turkmenistan	17.4
Philippines	17.6	Ukraine	19.1
Poland	21.8	United Arab Emirates	20.2
Portugal	24.5	United Kingdom of Great Britain and Northern Ireland	24.2
Qatar	24.5	United States of America	23.3
Republic of Korea	25.3	Uruguay	22.3
Republic of Moldova	17.6	Uzbekistan	18.4
Romania	20.1	Vanuatu	18.2
Russian Federation	19.4	Venezuela (Bolivarian Republic of)	21.6
Saint Lucia	22.1	Viet Nam	22.7
Saint Vincent and the Grenadines	19.1	Yemen	16.4
Samoa	20.1		

Source: World Health Organization, Global Health Observatory, 2018.

Table B-3.

Percent Distribution of the Older Adult Population by Age and Urban/Rural Residence: Selected African Countries

Country and (year)	60 and older		60 to 69 years		70 to 79 years		80 and older	
	Urban	Rural	Urban	Rural	Urban	Rural	Urban	Rural
Angola (2014)	44.7	55.3	47.4	52.6	41.1	58.9	40.6	59.4
Burkina Faso (2006)	17.9	82.1	19.1	80.9	16.7	83.3	15.9	84.1
Cameroon (2005)	33.8	66.2	35.8	64.2	32.2	67.8	29.4	70.6
Côte d'Ivoire (2014)	43.8	56.2	46.3	53.7	40.7	59.3	37.8	62.2
Ethiopia (2007)	14.7	85.3	14.3	85.7	15.4	84.6	14.8	85.2
Ghana (2010)	45.7	54.4	47.8	52.2	44.3	55.7	42.9	57.2
Guinea (2014)	25.5	74.5	27.9	72.1	23.6	76.4	20.8	79.2
Kenya (2009)	20.5	79.5	21.9	78.1	18.9	81.1	19.3	80.7
Malawi (2008)	6.6	93.4	7.9	92.2	5.6	94.4	4.8	95.3
Mali (2009)	17.8	82.2	18.2	81.8	17.6	82.4	16.3	83.7
Mauritius (2011)	48.0	52.0	45.4	54.6	51.1	48.9	53.4	46.6
Namibia (2011)	26.0	74.0	30.8	69.2	25.1	74.9	17.4	82.6
Niger (2012)	14.6	85.4	15.6	84.4	13.7	86.3	12.4	87.6
Rwanda (2012)	10.3	89.7	10.6	89.4	10.0	90.0	10.1	89.9
Sudan (2016)	37.1	62.9	38.8	61.2	35.6	64.4	32.2	67.8
South Africa (2011)	59.2	40.8	62.8	37.2	57.0	43.0	49.1	51.0
Tanzania (2012)	21.9	78.1	24.2	75.8	20.2	79.8	18.7	81.3
Uganda (2014)	17.8	82.2	17.8	82.2	17.0	83.0	18.8	81.2

Sources: National population and housing censuses for Burkina Faso, Cameroon, Ethiopia, Ghana, Kenya, Malawi, Mali, and South Africa; United Nations Statistics Division, Demographic Statistics Database, 2019 for Angola, Côte d'Ivoire, Guinea, Mauritius, Namibia, Niger, Rwanda, Sudan, Tanzania, and Uganda.

Table B-4.

Population Aged 60 and Older by Urban/Rural Residence and Sex: Selected African Countries

(In percent)

Country and (year)	Total		Residence				Sex			
			Urban		Rural		Male		Female	
	Male	Female	Male	Female	Male	Female	Urban	Rural	Urban	Rural
Angola (2014)	44.5	55.5	43.4	56.6	45.4	54.6	43.6	56.4	45.7	54.3
Burkina Faso (2006)	46.6	53.4	44.7	55.3	47.0	53.0	17.2	82.8	18.6	81.5
Cameroon (2005)	47.2	52.8	45.8	54.2	47.9	52.1	32.8	67.2	34.8	65.3
Côte d'Ivoire (2014)	51.9	48.1	52.6	47.4	51.4	48.6	44.4	55.6	43.3	56.7
Ethiopia (2007)	53.8	46.2	46.5	53.5	55.0	45.0	12.7	87.3	17.0	83.0
Ghana (2010)	44.3	55.7	43.0	57.0	45.4	54.6	44.3	55.7	46.7	53.3
Guinea (2014)	51.1	48.9	52.7	47.3	50.6	49.4	26.3	77.2	24.7	75.3
Kenya (2009)	46.5	53.5	48.0	52.1	46.2	53.8	21.1	78.9	20.0	80.0
Malawi (2008)	44.8	55.2	52.8	47.2	44.3	55.8	7.8	92.2	5.6	94.4
Mali (2009)	51.4	48.6	49.2	50.8	51.8	48.2	17.1	82.9	18.6	81.4
Mauritius (2011)	43.6	56.4	43.7	56.3	43.5	56.5	48.2	51.8	48.0	52.0
Namibia (2011)	41.1	58.9	43.6	56.4	40.2	59.8	27.6	72.4	24.8	75.2
Niger (2012)	48.9	51.1	48.8	51.2	48.9	51.1	14.5	85.5	14.6	85.4
Rwanda (2012)	40.5	59.5	43.6	56.4	40.1	59.9	11.1	88.9	9.8	90.2
Sudan (2016)	52.5	47.5	51.4	48.6	53.1	46.9	36.4	63.6	38.0	62.0
South Africa (2011)	39.5	60.6	41.5	58.5	36.4	63.6	62.3	37.7	57.2	42.8
Tanzania (2012)	47.9	52.1	48.7	51.3	47.6	52.4	22.3	77.7	21.6	78.4
Uganda (2014)	43.4	56.6	42.9	57.1	43.5	56.5	17.5	82.5	17.9	82.1
Zimbabwe (2012)	43.3	56.7	44.8	55.2	43.0	57.0	20.0	80.0	18.8	81.2

Sources: National population and housing censuses for Burkina Faso, Cameroon, Ethiopia, Ghana, Kenya, Malawi, Mali, and South Africa; United Nations Statistics Division, Demographic Statistics Database, 2019 for Angola, Côte d'Ivoire, Guinea, Mauritius, Namibia, Niger, Rwanda, Sudan, Tanzania, Uganda, and Zimbabwe.

Table B-5.

Trends in the Percentage of Older Adults Living 2 Years or Less in Their Current Locality by Urban/Rural Residence and Sex: Selected African Countries

Country	Total			Residence						Sex					
				Urban			Rural			Male			Female		
	Census 1	Census 2	Census 3	Census 1	Census 2	Census 3	Census 1	Census 2	Census 3	Census 1	Census 2	Census 3	Census 1	Census 2	Census 3
Cameroon	15.0	12.5	3.7	N	14.3	6.5	N	11.6	2.4	14.0	10.9	3.0	16.3	14.2	4.4
Ethiopia	14.3	7.4	7.7	11.3	7.5	8.8	16.1	7.3	6.8	14.3	7.3	7.8	14.4	7.5	7.5
Ghana	N	N	6.3	N	N	7.7	N	N	5.2	N	N	6.1	N	N	6.5
Kenya	N	5.0	3.9	N	8.3	9.1	N	3.9	2.6	N	5.1	3.7	N	4.8	4.1
Malawi	N	N	2.5	N	N	10.6	N	N	2.0	N	N	3.2	N	N	2.0
Mali	17.4	1.3	5.5	N	2.3	9.0	N	1.0	4.8	17.1	1.4	5.4	17.7	1.2	5.7
Zambia	6.8	6.7	11.9	15.2	16.2	N	5.1	4.3	N	6.3	5.6	9.8	7.4	7.9	13.7

N Not available.

Note: For Cameroon, census 1 is 1978, census 2 is 1987, census 3 is 2005; for Ethiopia, census 1 is 1984, census 2 is 1994, census 3 is 2007; for Ghana, census 1 is 1984, census 2 is 2000, census 3 is 2010; for Kenya, census 1 is 1989, census 2 is 1999, census 3 is 2009; for Malawi, census 1 is 1987, census 2 is 1998, census 3 is 2008; for Mali, census 1 is 1987, census 2 is 1998, census 3 is 2009; for Zambia, census 1 is 1990, census 2 is 2000, census 3 is 2010.

Sources: National population and housing censuses.

Table B-6.

Percentage of Older Adults Living in Skipped-Generation Households by Urban/Rural Residence, Age, and Sex: Selected African Countries

Country and (year)	Urban				Rural				Urban		Rural	
	Total 60 and older	60 to 69 years	70 to 79 years	80 and older	Total 60 and older	60 to 69 years	70 to 79 years	80 and older	Male	Female	Male	Female
Burkina Faso (2010)	4.1	2.7	5.8	8.4	7.0	5.7	8.4	10.2	2.5	6.0	4.7	10.1
Cameroon (2011)	4.2	3.8	4.5	5.2	8.7	8.8	8.7	8.8	2.2	5.9	5.4	11.9
DRC (2013–2014)	6.0	5.2	8.7	3.4	12.3	11.1	15.4	13.5	3.8	8.1	7.5	17.3
Ethiopia (2016)	7.2	7.0	6.0	10.7	12.3	10.4	15.3	15.0	4.4	10.2	6.0	21.8
Ghana (2014)	11.7	11.5	12.3	11.2	10.2	10.4	12.0	5.2	5.2	16.5	5.5	14.5
Kenya (2014)	10.2	8.9	13.2	10.2	11.5	11.6	12.5	9.6	6.5	13.8	6.7	15.8
Malawi (2015–2016)	8.5	8.4	11.0	3.0	21.9	20.5	24.4	22.2	5.4	11.7	14.2	27.5
Mali (2012–2013)	4.0	3.1	5.9	6.0	8.3	6.7	9.7	16.5	2.6	6.2	5.2	15.4
Namibia (2013)	3.8	4.3	3.0	1.9	8.7	9.7	9.6	5.3	3.0	4.4	5.7	10.6
South Africa (2016)	2.4	2.7	2.7	0.6	9.5	9.4	9.6	9.7	1.1	3.4	7.0	10.8
Tanzania (2015–2016)	8.4	7.8	8.7	11.3	12.3	10.2	14.8	13.5	4.2	12.3	7.3	16.8
Uganda (2016)	10.3	11.6	10.9	4.1	15.8	15.7	16.4	15.0	5.1	14.4	9.8	20.7
Zambia (2013–2014)	7.4	7.7	6.9	7.2	15.3	13.4	18.7	15.1	3.7	11.1	10.3	19.7

Note: DRC is the Democratic Republic of the Congo. Skipped generation refers to households with at least one older person 60 and older and one or more children aged 0 to 14 years but no working-age adults.

Sources: Demographic and Health Surveys.

Table B-7.

Educational Attainment in the Population Aged 60 and Older by Sex and Urban/Rural Residence: Selected African Countries—Con.

(In percent)

Country and (year)	No education					Less than primary completed					Primary completed				
	Total	Male	Female	Urban	Rural	Total	Male	Female	Urban	Rural	Total	Male	Female	Urban	Rural
Burkina Faso (2010)	95.6	93.9	97.8	84.1	98.3	2.4	3.1	1.4	7.0	1.3	0.7	1.0	0.3	2.5	0.2
Cameroon (2011)	62.7	46.7	77.6	51.8	68.5	17.6	22.6	12.9	17.1	17.9	10.8	15.7	6.3	14.1	9.1
DRC (2013–2014)	38.2	17.2	59.2	26.3	43.9	29.2	29.9	28.5	25.2	31.1	8.5	12.9	4.1	8.7	8.4
Ethiopia (2016)	86.5	79.8	96.0	63.5	90.4	9.9	14.8	3.2	18.5	8.5	0.7	1.1	0.1	2.6	0.3
Ghana (2014)	52.4	36.7	65.2	41.5	62.4	8.0	7.3	8.5	7.0	8.9	1.8	2.0	1.7	2.0	1.7
Kenya (2014)	45.2	28.0	60.5	33.2	48.2	26.7	28.8	24.8	23.5	27.5	15.7	22.6	9.4	20.6	14.4
Malawi (2015–2016)	39.1	23.3	50.9	19.5	40.7	46.3	50.7	43.0	37.0	47.0	6.6	11.9	2.6	8.4	6.4
Mali (2012–2013)	89.7	87.1	95.3	72.2	94.2	2.8	3.6	1.2	3.7	2.6	1.1	1.3	0.7	2.9	0.7
Namibia (2013)	37.7	35.9	38.9	24.6	42.4	35.9	34.3	37.0	26.9	39.2	4.6	3.9	5.1	3.5	5.0
South Africa (2016)	27.1	22.6	29.8	16.3	42.4	23.7	21.5	25.1	19.5	29.7	6.6	6.1	7.0	7.1	6.0
Tanzania (2015–2016)	51.8	33.5	68.6	37.2	56.0	28.1	34.7	22.0	26.3	28.6	14.7	23.0	7.0	20.1	13.1
Uganda (2016)	44.0	24.1	59.9	32.1	46.5	34.5	42.4	28.2	30.4	35.4	7.9	12.5	4.2	8.0	7.9
Zambia (2013–2014)	33.1	16.1	48.9	20.8	39.0	36.2	37.7	34.7	28.9	39.6	10.4	15.4	5.8	11.2	10.0

Table B-7.

Educational Attainment in the Population Aged 60 and Older by Sex and Urban/Rural Residence: Selected African Countries—Con.

(In percent)

Less than secondary completed					Secondary completed					More than secondary completed					Country and (year)
Total	Male	Female	Urban	Rural	Total	Male	Female	Urban	Rural	Total	Male	Female	Urban	Rural	
0.9	1.2	0.5	3.9	0.2	0.1	0.2	Z	0.5	Z	0.4	0.5	0.2	1.9	Z	Burkina Faso (2010)
6.2	10.6	2.2	11.0	3.7	1.1	1.7	0.5	2.4	0.4	1.5	2.7	0.4	3.4	0.5	Cameroon (2011)
15.8	25.4	6.1	21.3	13.1	5.4	9.3	1.5	10.3	3.0	2.8	5.2	0.4	7.6	0.5	DRC (2013–2014)
1.0	1.6	0.2	4.2	0.5	0.5	0.7	0.2	2.7	0.1	1.2	1.8	0.4	8.2	Z	Ethiopia (2016)
30.9	42.8	21.1	38.9	23.5	0.8	1.6	0.2	1.5	0.2	6.1	9.6	3.2	9.1	3.4	Ghana (2014)
3.7	5.6	2.0	5.4	3.3	5.0	8.8	1.6	9.3	3.9	3.7	6.1	1.6	7.7	2.7	Kenya (2014)
3.2	5.5	1.4	8.3	2.7	1.9	3.6	0.7	10.0	1.3	1.8	3.1	0.9	14.1	0.8	Malawi (2015–2016)
3.5	4.5	1.6	10.0	1.9	0.8	1.0	0.3	3.1	0.2	1.6	1.9	0.8	6.9	0.2	Mali (2012–2013)
11.8	13.2	10.8	22.1	8.0	4.2	5.6	3.2	9.4	2.3	5.0	6.2	4.3	13.2	2.1	Namibia (2013)
22.2	23.3	21.6	28.3	13.6	8.6	10.6	7.4	12.8	2.6	9.6	13.1	7.4	13.6	3.8	South Africa (2016)
0.7	1.1	0.4	1.8	0.4	3.8	6.3	1.5	11.2	1.7	0.9	1.4	0.5	3.4	0.2	Tanzania (2015–2016)
6.5	10.5	3.3	12.2	5.3	0.4	0.7	0.2	1.3	0.2	4.8	7.2	2.8	12.2	3.2	Uganda (2016)
11.8	17.3	6.7	18.8	8.5	3.4	6.0	1.0	7.3	1.5	5.0	7.2	3.0	12.6	1.4	Zambia (2013–2014)

Z Represents or rounds to zero.
Note: DRC is the Democratic Republic of the Congo.
Sources: Demographic and Health Surveys.

Table B-8a.

Trends in the Percentage of the Population That Never Attended School by Age and Sex: Selected African Countries

Country	15 to 35 years						36 to 59 years						60 and older					
	Male			Female			Male			Female			Male			Female		
	Census 1	Census 2	Census 3	Census 1	Census 2	Census 3	Census 1	Census 2	Census 3	Census 1	Census 2	Census 3	Census 1	Census 2	Census 3	Census 1	Census 2	Census 3
Cameroon	31.0	19.8	20.1	59.1	38.6	29.5	65.7	48.4	25.9	92.7	80.1	39.4	89.6	79.6	48.3	98.8	96.4	70.6
Ethiopia	65.2	62.6	46.2	81.5	78.4	65.5	84.8	77.7	65.6	94.4	93.4	88.8	95.9	92.1	85.5	98.8	98.3	95.8
Ghana	26.1	30.6	16.0	45.6	43.8	24.6	52.9	40.1	25.8	81.1	59.1	41.3	83.1	67.8	45.1	94.9	84.3	72.8
Kenya	12.4	8.8	10.1	24.3	12.9	12.1	33.1	18.4	15.0	69.5	42.8	26.5	69.4	49.3	38.2	93.0	79.0	67.5
Malawi	28.3	18.3	13.0	53.7	32.5	21.7	37.8	29.4	23.6	74.5	57.8	48.2	55.1	47.4	37.1	87.9	77.7	70.7
Mali	74.2	71.9	57.9	87.6	85.1	72.1	91.1	79.8	71.8	97.7	91.9	84.6	96.0	93.2	88.3	99.7	98.6	95.3
South Africa	7.8	2.3	2.5	8.2	2.3	2.2	21.2	10.2	8.6	25.0	12.8	10.8	43.1	28.0	24.4	49.8	37.5	31.8
Tanzania	15.5	16.1	12.5	31.9	22.8	17.5	39.5	21.8	15.8	77.0	50.6	33.5	74.1	54.6	41.5	94.9	84.4	74.3
Uganda	16.4	12.8	N	36.3	24.0	N	30.4	21.4	N	68.4	50.4	N	63.1	43.4	N	89.1	77.5	N
Zambia	25.9	22.5	9.5	34.3	27.6	14.8	35.9	28.6	11.6	64.4	42.7	24.0	61.3	47.2	23.5	87.3	75.7	56.1

N Not available.

Note: For Cameroon, census 1 is 1978, census 2 is 1987, census 3 is 2005; for Ethiopia, census 1 is 1984, census 2 is 1994, census 3 is 2007; for Ghana, census 1 is 1984, census 2 is 2000, census 3 is 2010; for Kenya, census 1 is 1989, census 2 is 1999, census 3 is 2009; for Malawi, census 1 is 1987, census 2 is 1998, census 3 is 2008; for Mali, census 1 is 1987, census 2 is 1998, census 3 is 2009; for South Africa, census 1 is 1996, census 2 is 2007, census 3 is 2011; for Tanzania, census 1 is 1988, census 2 is 2002, census 3 is 2012; for Uganda, census 1 is 1991, census 2 is 2002; for Zambia, census 1 is 1990, census 2 is 2000, census 3 is 2010.

Sources: National population and housing censuses.

Table B-8b.

Trends in the Percentage of the Population That Never Attended School by Age and Urban/Rural Residence: Selected African Countries

Country and (year)	15 to 35 years						36 to 59 years						60 and older					
	Urban			Rural			Urban			Rural			Urban			Rural		
	Census 1	Census 2	Census 3	Census 1	Census 2	Census 3	Census 1	Census 2	Census 3	Census 1	Census 2	Census 3	Census 1	Census 2	Census 3	Census 1	Census 2	Census 3
Cameroon	N	11.9	11.6	N	45.5	42.1	N	44.0	18.3	N	74.2	47.1	N	80.8	52.6	N	90.3	63.9
Ethiopia	26.8	23.2	20.6	82.8	80.2	65.9	58.4	49.8	41.0	94.4	90.9	84.3	89.5	81.3	71.8	98.4	96.8	93.5
Ghana	N	24.6	11.6	N	50.1	31.8	N	34.9	20.9	N	61.7	48.5	N	66.6	48.9	N	82.2	70.2
Kenya	10.0	6.2	4.6	21.0	13.0	15.1	27.1	17.3	9.8	56.3	35.3	26.1	67.9	55.4	42.1	82.6	66.8	56.8
Malawi	15.9	8.4	4.7	45.7	29.4	20.3	26.3	16.0	11.7	60.1	47.6	39.6	54.0	41.7	28.8	73.4	64.8	57.4
Mali	N	54.5	37.6	N	89.5	76.1	N	67.4	51.7	N	92.9	86.0	N	87.9	77.7	N	98.0	94.7
South Africa	4.3	1.5	1.6	12.9	3.6	3.8	12.1	6.5	5.5	41.9	22.4	19.6	26.2	17.5	14.5	68.5	54.2	49.7
Tanzania	N	7.8	4.9	N	24.6	20.9	N	17.8	11.2	N	42.7	31.2	N	56.9	40.7	N	72.7	62.8
Uganda	9.8	7.6	N	29.9	20.7	N	22.8	15.4	N	52.7	38.2	N	N	56.8	43.2	77.5	61.5	N
Zambia	16.1	12.9	N	41.0	33.1	N	31.5	20.3	N	62.2	43.8	N	N	61.4	47.5	77.1	63.8	N

N Not available.

Note: For Cameroon, census 1 is 1978, census 2 is 1987, census 3 is 2005; for Ethiopia, census 1 is 1984, census 2 is 1994, census 3 is 2007; for Ghana, census 1 is 1984, census 2 is 2000, census 3 is 2010; for Kenya, census 1 is 1989, census 2 is 1999, census 3 is 2009; for Malawi, census 1 is 1987, census 2 is 1998, census 3 is 2008; for Mali, census 1 is 1987, census 2 is 1998, census 3 is 2009; for South Africa, census 1 is 1996, census 2 is 2007, census 3 is 2011; for Tanzania, census 1 is 1988, census 2 is 2002, census 3 is 2012; for Uganda, census 1 is 1991, census 2 is 2002; for Zambia, census 1 is 1990, census 2 is 2000, census 3 is 2010.

Sources: National population and housing censuses.

Table B-9.

Trends in the Percentage of the Population That Completed at Least Primary School by Age and Sex: Selected African Countries

Country	15 to 35 years						36 to 59 years						60 and older					
	Male			Female			Male			Female			Male			Female		
	Census 1	Census 2	Census 3	Census 1	Census 2	Census 3	Census 1	Census 2	Census 3	Census 1	Census 2	Census 3	Census 1	Census 2	Census 3	Census 1	Census 2	Census 3
Botswana	54.7	62.7	65.6	65.9	70.8	65.7	27.6	40.8	54.0	23.2	43.9	58.1	8.5	10.4	20.6	5.8	7.6	17.1
Burkina Faso	8.6	14.8	22.0	4.6	9.0	13.5	3.1	7.4	10.6	0.8	2.7	4.4	0.8	1.4	2.8	0.1	0.3	0.8
Cameroon	46.2	56.8	60.4	23.4	42.3	54.5	13.1	29.6	55.4	1.8	8.8	45.9	2.2	6.3	33.9	0.3	0.8	15.4
Ethiopia	9.5	14.0	23.9	4.6	8.3	14.7	2.7	5.3	10.8	0.4	1.0	3.2	0.7	1.3	3.5	0.1	0.1	1.0
Ghana	58.8	49.4	51.5	43.1	40.9	47.8	34.3	39.5	51.0	12.3	26.7	40.3	11.2	20.4	36.8	2.8	9.0	15.9
Kenya	51.6	52.0	52.4	47.6	53.2	54.4	33.7	39.1	41.3	13.1	25.2	37.4	7.7	15.7	25.4	1.4	4.5	9.2
Malawi	23.7	26.5	29.3	10.8	17.3	24.4	15.7	24.1	26.6	3.3	8.3	12.9	3.8	9.0	15.6	0.4	1.7	4.0
Mali	20.5	13.6	24.6	10.8	7.3	14.9	6.4	9.6	14.4	1.8	4.1	6.9	3.2	2.9	5.6	0.3	0.5	2.0
South Africa	57.7	68.3	58.6	59.5	68.3	56.6	46.8	53.6	50.0	45.4	53.3	50.7	32.0	39.9	41.8	29.0	34.4	37.7
Tanzania	64.9	65.8	64.1	53.3	63.7	64.1	23.5	50.5	65.1	6.4	30.2	51.6	5.9	13.0	25.9	0.9	3.5	9.4
Uganda	47.4	51.1	N	34.3	41.8	N	37.4	43.6	N	12.5	22.3	N	9.8	22.3	N	2.3	6.0	N
Zambia	54.0	51.6	52.6	47.7	48.9	50.7	35.0	44.4	47.0	15.8	32.5	41.7	10.4	21.8	30.3	2.9	6.5	12.8

N Not available.

Note: For Botswana, census 1 is 1991, census 2 is 2001, census 3 is 2011; for Burkina Faso, census 1 is 1985, census 2 is 1996, census 3 is 2006; for Cameroon, census 1 is 1978, census 2 is 1987, census 3 is 2005; for Ethiopia, census 1 is 1984, census 2 is 1994, census 3 is 2007; for Ghana, census 1 is 1984, census 2 is 2000, census 3 is 2010; for Kenya, census 1 is 1989, census 2 is 1999, census 3 is 2009; for Malawi, census 1 is 1987, census 2 is 1998, census 3 is 2008; for Mali, census 1 is 1987, census 2 is 1998, census 3 is 2009; for South Africa, census 1 is 1996, census 2 is 2007, census 3 is 2011; for Tanzania, census 1 is 1988, census 2 is 2002, census 3 is 2012; for Uganda, census 1 is 1991, census 2 is 2002; for Zambia, census 1 is 1990, census 2 is 2000, census 3 is 2010.

Sources: National population and housing censuses.

Table B-10.

Percent Distribution of the Population by Household Wealth Quintile and Age: Selected African Countries

Country and (year)	0 to 14 years					15 to 35 years					36 to 59 years					60 and older				
	Q1	Q2	Q3	Q4	Q5	Q1	Q2	Q3	Q4	Q5	Q1	Q2	Q3	Q4	Q5	Q1	Q2	Q3	Q4	Q5
Burkina Faso (2010)	21.5	20.8	21.0	20.6	16.2	15.7	18.3	18.6	19.9	27.7	21.3	19.9	19.3	18.9	20.6	25.3	21.2	20.3	18.2	15.0
Cameroon (2011)	22.9	21.7	20.5	18.7	16.1	15.4	16.3	18.6	23.1	26.6	17.9	19.8	20.4	20.1	21.7	24.9	27.7	22.2	13.0	12.2
DRC (2013–2014)	20.8	20.9	20.4	20.1	17.8	18.0	18.6	19.3	19.9	24.3	18.8	19.8	20.4	19.5	21.5	26.0	18.1	17.6	19.9	18.5
Ethiopia (2016)	22.8	21.6	20.8	19.8	15.0	16.2	18.0	18.5	20.2	27.1	17.8	18.6	20.2	21.1	22.2	20.9	20.7	20.3	19.8	18.3
Ghana (2014)	23.1	21.3	20.2	18.7	16.7	17.1	16.7	20.2	22.6	23.4	17.1	20.6	19.1	20.0	23.2	21.5	25.1	21.6	16.2	15.6
Kenya (2014)	24.3	21.8	20.3	17.8	15.9	15.2	17.7	19.3	22.4	25.4	16.5	18.2	20.5	21.6	23.2	24.6	24.6	21.6	18.4	10.8
Malawi (2015–2016)	22.0	20.8	20.4	19.8	17.0	18.2	19.6	18.6	19.3	24.3	16.0	18.0	20.7	22.0	23.3	22.6	20.5	22.3	20.4	14.2
Mali (2012–2013)	20.6	20.7	20.5	20.2	17.9	17.8	18.6	19.0	20.3	24.3	20.2	19.6	19.9	19.6	20.8	23.8	21.7	19.8	17.6	17.2
Namibia (2013)	25.1	21.5	19.8	18.3	15.3	15.4	19.0	20.6	22.7	22.4	15.9	17.1	18.5	21.0	27.5	24.8	22.9	21.1	15.1	16.1
South Africa (2016)	23.2	22.0	21.1	19.0	14.8	19.4	21.3	21.1	20.5	17.7	16.8	17.3	19.2	21.1	25.6	18.7	17.3	14.8	18.7	30.5
Tanzania (2015–2016)	22.8	21.8	20.7	19.2	15.4	16.7	16.7	18.1	21.3	27.2	16.9	19.0	20.3	21.0	22.9	20.8	23.4	23.2	18.5	14.1
Uganda (2016)	21.7	21.1	20.8	19.8	16.6	17.7	18.5	18.3	19.8	25.7	17.6	18.2	20.7	21.4	22.2	24.3	22.2	19.4	19.4	14.7
Zambia (2013–2014)	21.9	21.8	21.1	19.0	16.2	16.2	17.5	18.6	22.0	25.8	17.9	18.9	19.6	20.8	22.8	28.3	20.2	20.0	15.6	16.0

Note: DRC is the Democratic Republic of the Congo. Q1 is the lowest quintile, Q2 is the second quintile, Q3 is the third quintile, Q4 is the fourth quintile, Q5 is the highest quintile.
Sources: Demographic and Health Surveys.

Table B-11.

Percentage of the Population Living in a Household That Possesses a Mobile Phone by Urban/Rural Residence and Age: Selected African Countries

Country and (year)	Total 15 and older	Urban							Rural						
		Total 15 and older	15 to 35 years	36 to 59 years	Total 60 and older	60 to 69 years	70 to 79 years	80 and older	Total 15 and older	15 to 35 years	36 to 59 years	Total 60 and older	60 to 69 years	70 to 79 years	80 and older
Ghana (2017)	70.8	82.6	77.4	91.6	73.1	83.7	69.2	42.5	60.8	58.5	65.0	43.4	55.8	35.7	22.0
Kenya (2015–2016)	69.4	83.5	79.9	92.4	68.0	81.3	59.2	29.9	61.8	53.3	77.9	54.4	63.4	51.6	29.7
Namibia (2015–2016)	94.8	98.0	98.2	97.7	95.7	96.5	95.5	92.3	92.2	92.9	90.5	88.7	89.8	87.0	88.6
South Africa (2014–2015)	94.0	94.7	94.7	94.8	91.9	92.7	90.1	91.8	93.5	93.9	92.6	91.2	92.6	89.3	89.2

Note: Ghana and Kenya data reflect personal ownership of a mobile phone, Namibia data reflect at least one mobile phone owned at the household level, and South Africa data reflect ownership or access to a mobile phone at household level.

Sources: Living Standards Measurement Surveys.

Table B-12.
Leading Causes of Disability-Adjusted Life Years Among the Population Aged 60 and Older by WHO Region: 2016—Con.

Rank	Global		Africa		Americas		South-East Asia		Europe		Eastern Mediterranean		Western Pacific	
	Condition	Percent of total DALYs	Condition	Percent of total DALYs	Condition	Percent of total DALYs	Condition	Percent of total DALYs	Condition	Percent of total DALYs	Condition	Percent of total DALYs	Condition	Percent of total DALYs
1	Ischemic heart disease	16.1	Ischemic heart disease	12.3	Ischemic heart disease	13.2	Ischemic heart disease	16.1	Ischemic heart disease	20.0	Ischemic heart disease	24.9	Stroke	16.9
2	Stroke	11.3	Stroke	8.8	Diabetes mellitus	6.6	COPD	10.4	Stroke	9.6	Stroke	10.3	Ischemic heart disease	14.2
3	COPD	6.6	Lower respiratory infections	7.8	Stroke	5.9	Stroke	10.0	Alzheimer disease and other dementias	4.6	Diabetes mellitus	5.9	COPD	7.2
4	Diabetes mellitus	4.2	Diarrheal diseases	5.5	COPD	5.5	Diabetes mellitus	4.9	Trachea, bronchus, lung cancers	4.3	COPD	4.2	Trachea, bronchus, lung cancers	4.9
5	Alzheimer disease and other dementias	3.9	Diabetes mellitus	4.9	Alzheimer disease and other dementias	4.8	Lower respiratory infections	4.1	Other circulatory diseases	3.7	Alzheimer disease and other dementias	3.6	Alzheimer disease and other dementias	4.8
6	Trachea, bronchus, lung cancers	3.2	Tuber-culosis	4.7	Trachea, bronchus, lung cancers	3.7	Tuber-culosis	3.6	COPD	3.4	Kidney diseases	3.4	Hearing loss	2.9
7	Lower respiratory infections	3.0	COPD	3.3	Other circulatory diseases	3.4	Diarrheal diseases	3.0	Hearing loss	3.3	Cirrhosis of the liver	3.3	Diabetes mellitus	2.9
8	Hearing loss	2.9	Other circulatory diseases	3.1	Hearing loss	3.2	Kidney diseases	2.8	Diabetes mellitus	2.8	Hearing loss	2.6	Liver cancers	2.7
9	Kidney diseases	2.3	Cirrhosis of the liver	2.6	Lower respiratory infections	3.1	Hearing loss	2.7	Colon and rectum cancers	2.6	Lower respiratory infections	2.1	Stomach cancer	2.6
10	Other circulatory diseases	2.3	Alzheimer disease and other dementias	2.5	Kidney diseases	2.8	Alzheimer disease and other dementias	2.4	Back and neck pain	2.3	Other circulatory diseases	2.0	Lower respiratory infections	2.1

See notes at end of table.

Table B-12.
Leading Causes of Disability-Adjusted Life Years Among the Population Aged 60 and Older by WHO Region: 2016—Con.

Rank	Global		Africa		Americas		South-East Asia		Europe		Eastern Mediterranean		Western Pacific	
	Condition	Percent of total DALYs	Condition	Percent of total DALYs	Condition	Percent of total DALYs	Condition	Percent of total DALYs	Condition	Percent of total DALYs	Condition	Percent of total DALYs	Condition	Percent of total DALYs
11	Falls	1.8	Hearing loss	2.5	Falls	2.1	Falls	2.3	Falls	2.3	Hypertensive heart disease	1.7	Kidney diseases	2.1
12	Cirrhosis of the liver	1.7	Kidney diseases	1.9	Back and neck pain	1.9	Asthma	2.2	Lower respiratory infections	1.6	Tuberculosis	1.5	Hypertensive heart disease	2.0
13	Hypertensive heart disease	1.6	HIV/AIDS	1.9	Colon and rectum cancers	1.7	Cirrhosis of the liver	1.8	Kidney diseases	1.5	Back and neck pain	1.5	Other circulatory diseases	1.8
14	Back and neck pain	1.6	Parasitic and vector diseases	1.8	Other digestive diseases	1.6	Refractive errors	1.5	Breast cancer	1.4	Other malignant neoplasms	1.3	Esophagus cancer	1.5
15	Tuberculosis	1.5	Road injury	1.8	Cirrhosis of the liver	1.6	Hypertensive heart disease	1.4	Hypertensive heart disease	1.4	Road injury	1.3	Colon and rectum cancers	1.5
16	Colon and rectum cancers	1.4	Hypertensive heart disease	1.7	Prostate cancer	1.4	Trachea, bronchus, lung cancers	1.3	Cirrhosis of the liver	1.3	Asthma	1.2	Back and neck pain	1.5
17	Stomach cancer	1.3	Falls	1.5	Hypertensive heart disease	1.4	Cataracts	1.2	Stomach cancer	1.3	Refractive errors	1.2	Road injury	1.4
18	Liver cancer	1.3	Other malignant neoplasms	1.4	Other respiratory diseases	1.3	Road injury	1.2	Prostate cancer	1.2	Diarrheal diseases	1.1	Refractive errors	1.4
19	Diarrheal diseases	1.3	Back and neck pain	1.3	Breast cancer	1.2	Other unintentional injuries	1.2	Pancreas cancer	1.2	Other vision loss	1.0	Depressive disorders	1.3
20	Refractive errors	1.3	Prostate cancer	1.3	Osteoarthritis	1.2	Other musculoskeletal disorders	1.2	Depressive disorders	1.1	Trachea, bronchus, lung cancers	1.0	Cirrhosis of the liver	1.2

Note: COPD is Chronic obstructive pulmonary disease.
Source: World Health Organization, 2018. Global Health Estimates.

Table B-13.

Recent Sickness or Injury and Healthcare Use by Age: Selected African Countries

(In percent)

Country and (year)	Sickness or injury in the last 2 weeks							Used healthcare provider for recent sickness or injury							Did not use healthcare provider for recent sickness or injury						
	15 to 59 years			60 and older				15 to 59 years			60 and older				15 to 59 years			60 and older			
	Total	15 to 35 years	36 to 59 years	Total	60 to 69 years	70 to 79 years	80 and older	Total	15 to 35 years	36 to 59 years	Total	60 to 69 years	70 to 79 years	80 and older	Total	15 to 35 years	36 to 59 years	Total	60 to 69 years	70 to 79 years	80 and older
Ghana (2017)	11.7	9.3	15.9	22.9	20.9	24.6	26.0	51.2	50.5	51.9	50.1	52.7	51.6	40.5	48.8	49.5	48.1	50.0	47.3	48.5	59.5
Kenya (2015–2016)	18.7	16.4	23.6	42.0	37.4	48.0	48.0	82.9	83.4	82.2	79.1	80.5	80.0	74.1	17.1	16.6	17.8	20.9	19.5	20.0	25.9
Namibia (2015–2016)	6.3	5.5	7.9	12.4	10.3	12.1	18.7	66.1	63.2	70.1	67.8	66.8	69.4	67.8	34.0	36.8	29.9	32.2	33.2	30.6	32.2
South Africa (2014–2015)	11.3	6.9	18.4	35.5	34.2	36.4	39.9	N	N	N	N	N	N	N	N	N	N	N	N	N	N

N Not available.
Sources: Living Standards Measurement Surveys.

Table B-14.

Recent Sickness or Injury and Healthcare Use Among the Population Aged 60 and Older by Urban/Rural Residence and Sex: Selected African Countries

(In percent)

Country	Sickness or injury in the last 2 weeks							Used healthcare provider for recent sickness or injury							Did not use healthcare provider for recent sickness or injury						
	Total	Urban			Rural			Total	Urban			Rural			Total	Urban			Rural		
		Total	Male	Female	Total	Male	Female		Total	Male	Female	Total	Male	Female		Total	Male	Female	Total	Male	Female
Ghana (2017)	22.9	20.4	19.5	21.0	25.2	23.8	26.2	50.1	56.3	54.1	57.6	45.6	48.2	43.8	50.0	43.7	45.9	42.4	54.4	51.9	56.2
Kenya (2015–2016)	42.0	39.4	31.4	46.9	42.8	33.6	50.6	79.1	79.9	82.0	78.6	78.9	80.3	78.1	20.9	20.1	18.0	21.4	21.1	19.7	21.9
Namibia (2015–2016)	12.4	7.6	5.5	9.2	14.4	12.0	16.1	67.8	71.8	49.7	82.1	66.9	75.7	62.6	32.2	28.2	50.3	17.9	33.1	24.3	37.4
South Africa (2014–2015)	35.5	36.7	32.2	39.9	33.2	27.1	36.8	N	N	N	N	N	N	N	N	N	N	N	N	N	N

N Not available.
Sources: Living Standards Measurement Surveys.

Appendix C.
Survey Sample and Standard Errors

Table C-1a.

Demographic and Health Survey Older Adult Sample Size and Standard Error by Country and Age

Country and (year)	60 to 69 years			70 to 79 years			80 and older		
	Un-weighted number	Weighted		Un-weighted number	Weighted		Un-weighted number	Weighted	
		Percent of total	Standard error		Percent of total	Standard error		Percent of total	Standard error
Burkina Faso (2010)	2,923	59.4	0.8	1,458	29.9	0.7	532	10.7	0.5
Cameroon (2011)	2,669	55.1	0.9	1,546	30.8	0.8	677	14.1	0.6
DRC (2013–2014)	2,906	67.3	0.9	1,119	25.1	0.9	334	7.6	0.5
Ethiopia (2016)	3,134	59.9	1.0	1,426	27.2	0.9	646	12.9	0.7
Ghana (2014)	1,924	56.9	1.1	1,069	30.0	1.0	447	13.2	0.7
Kenya (2014)	5,282	57.6	0.7	2,655	28.1	0.6	1,355	14.4	0.5
Malawi (2015–2016)	3,760	55.6	0.8	2,023	29.2	0.7	1,044	15.3	0.6
Mali (2012–2013)	2,232	67.1	1.0	821	23.6	0.8	316	9.3	0.6
Namibia (2013)	1,633	51.5	1.2	928	29.1	0.9	558	19.4	1.0
South Africa (2016)	2,221	56.8	1.3	1,117	28.9	1.0	563	14.4	0.9
Tanzania (2015–2016)	2,165	53.5	1.0	1,216	30.8	0.9	590	15.8	0.8
Uganda (2016)	2,493	54.7	0.9	1,307	29.9	0.8	659	15.5	0.7
Zambia (2013–2014)	2,346	58.3	1.1	1,160	29.5	0.9	500	12.3	0.7

Note: DRC is the Democratic Republic of the Congo.
Sources: Demographic and Health Surveys.

Table C-1b.

Demographic and Health Survey Older Adult Sample Size and Standard Error by Country and Sex

Country and (year)	Male			Female		
		Weighted			Weighted	
	Unweighted number	Percent of total	Standard error	Unweighted number	Percent of total	Standard error
Burkina Faso (2010)	2,761	57.2	0.8	2,152	42.8	0.8
Cameroon (2011)	2,315	47.9	0.8	2,577	52.1	0.8
DRC (2013–2014)	2,202	50.2	1.0	2,157	49.8	1.0
Ethiopia (2016)	2,924	58.5	0.9	2,282	41.5	0.9
Ghana (2014)	1,568	45.0	0.9	1,872	55.0	0.9
Kenya (2014)	4,359	47.2	0.6	4,933	52.8	0.6
Malawi (2015–2016)	2,920	42.7	0.6	3,907	57.3	0.6
Mali (2012–2013)	2,269	67.7	0.9	1,100	32.3	0.9
Namibia (2013)	1,318	40.7	0.9	1,801	59.4	0.9
South Africa (2016)	1,456	38.2	0.8	2,445	61.8	0.8
Tanzania (2015–2016)	1,914	47.9	0.8	2,057	52.1	0.8
Uganda (2016)	2,007	44.6	0.8	2,452	55.4	0.8
Zambia (2013–2014)	1,943	48.0	0.8	2,063	52.0	0.8

Note: DRC is the Democratic Republic of the Congo.
Sources: Demographic and Health Surveys.

Table C-1c.

Demographic and Health Survey Older Adult Sample Size and Standard Error by Country and Urban/Rural Residence

Country and (year)	Urban			Rural		
		Weighted			Weighted	
	Unweighted number	Percent of total	Standard error	Unweighted number	Percent of total	Standard error
Burkina Faso (2010)	1,191	19.4	1.9	3,722	80.6	1.9
Cameroon (2011)	1,557	34.9	2.4	3,335	65.1	2.4
DRC (2013–2014)	1,372	32.6	2.9	2,987	67.4	2.9
Ethiopia (2016)	1,422	14.6	1.9	3,784	85.4	1.9
Ghana (2014)	1,434	48.0	3.0	2,006	52.0	3.0
Kenya (2014)	2,174	20.4	1.4	7,118	79.6	1.4
Malawi (2015–2016)	751	7.7	1.1	6,076	92.3	1.1
Mali (2012–2013)	875	20.4	2.1	2,494	79.6	2.1
Namibia (2013)	878	26.7	2.5	2,241	73.3	2.5
South Africa (2016)	2,027	58.8	2.7	1,874	41.2	2.7
Tanzania (2015–2016)	773	22.4	2.2	3,198	77.7	2.2
Uganda (2016)	714	17.5	1.8	3,745	82.5	1.8
Zambia (2013–2014)	1,377	32.2	2.5	2,629	67.8	2.5

Note: DRC is the Democratic Republic of the Congo.
Sources: Demographic and Health Surveys.

Table C-2a.

National Population and Housing Census Older Adult Sample Size and Standard Error by Country and Age

Country and (year)	60 to 69 years			70 to 79 years			80 and older		
	Un-weighted number	Weighted		Un-weighted number	Weighted		Un-weighted number	Weighted	
		Percent of total	Standard error		Percent of total	Standard error		Percent of total	Standard error
Botswana (2011)	6,484	49.2	0.4	3,999	30.3	0.4	2,710	20.5	0.4
Burkina Faso (2006)	40,368	56.5	0.2	21,366	29.9	0.2	9,779	13.7	0.1
Cameroon (2005)	50,327	56.4	0.2	26,852	30.1	0.2	12,029	13.5	0.1
Ethiopia (2007)	205,981	57.1	0.2	102,932	28.5	0.2	50,747	14.4	0.1
Ghana (2010)	76,730	46.8	0.1	55,330	33.8	0.1	31,791	19.4	0.1
Kenya (2009)	98,302	51.1	0.1	55,699	29.0	0.1	38,357	19.9	0.1
Malawi (2008)	34,732	50.1	0.2	21,821	31.5	0.2	12,781	18.4	0.2
Mali (2009)	41,545	58.3	0.2	21,151	29.7	0.2	8,619	12.1	0.1
South Africa (2011)	202,536	56.6	0.1	108,479	30.0	0.1	51,434	13.4	0.1
Tanzania (2012)	124,559	50.3	0.1	77,578	31.1	0.1	47,103	18.6	0.1
Zambia (2010)	29,572	56.1	0.2	16,274	30.9	0.2	6,896	13.1	0.2

Sources: National population and housing censuses.

Table C-2b.

National Population and Housing Census Older Adult Sample Size and Standard Error by Country and Sex

Country and (year)	Male			Female		
		Weighted			Weighted	
	Unweighted number	Percent of total	Standard error	Unweighted number	Percent of total	Standard error
Botswana (2011)	5,478	41.5	0.4	7,715	58.5	0.4
Burkina Faso (2006)	33,336	46.6	0.2	38,177	53.4	0.2
Cameroon (2005)	42,112	47.2	0.2	47,096	52.8	0.2
Ethiopia (2007)	196,191	53.8	0.2	163,469	46.2	0.2
Ghana (2010)	72,570	44.3	0.1	91,281	55.7	0.1
Kenya (2009)	89,519	46.5	0.1	102,839	53.5	0.1
Malawi (2008)	31,085	44.8	0.2	38,249	55.2	0.2
Mali (2009)	36,638	51.4	0.2	34,677	48.6	0.2
South Africa (2011)	142,018	39.5	0.1	220,431	60.6	0.1
Tanzania (2012)	121,470	49.5	0.1	127,770	50.5	0.1
Zambia (2010)	24,707	46.9	0.2	28,035	53.2	0.2

Sources: National population and housing censuses.

Table C-2c.

National Population and Housing Census Older Adult Sample Size and Standard Error by Country and Urban/Rural Residence

Country and (year)	Urban			Rural		
		Weighted			Weighted	
	Unweighted number	Percent of total	Standard error	Unweighted number	Percent of total	Standard error
Botswana (2011)	N	N	N	N	N	N
Burkina Faso (2006)	12,811	17.9	0.1	58,702	82.1	0.1
Cameroon (2005)	30,187	33.8	0.2	59,021	66.2	0.2
Ethiopia (2007)	54,188	14.7	0.2	305,472	85.3	0.2
Ghana (2010)	74,790	45.7	0.1	89,061	54.4	0.1
Kenya (2009)	39,461	20.5	0.1	152,897	79.5	0.1
Malawi (2008)	4,549	6.6	0.1	64,578	93.4	0.1
Mali (2009)	12,695	17.8	0.1	58,620	82.2	0.1
South Africa (2011)	200,695	59.2	0.1	142,248	40.8	0.1
Tanzania (2012)	63,206	21.3	0.1	186,034	78.8	0.1
Zambia (2010)	N	N	N	N	N	N

N Not available.
Sources: National population and housing censuses.

Table C-3a.

Living Standards Measurement Study Older Adult Sample Size and Standard Error by Country and Age

Country and (year)	60 to 69 years			70 to 79 years			80 and older		
	Un-weighted number	Weighted		Un-weighted number	Weighted		Un-weighted number	Weighted	
		Percent of total	Standard error		Percent of total	Standard error		Percent of total	Standard error
Ghana (2017)	2,373	52.4	0.7	1,567	31.2	0.7	845	16.4	0.5
Kenya (2015–2016)	3,089	56.1	0.7	1,584	27.4	0.6	938	16.5	0.5
Namibia (2015–2016)	1,576	52.6	0.9	926	28.8	0.8	681	18.6	0.7
South Africa (2014–2015)	4,875	61.0	0.5	2,512	28.3	0.5	1,131	10.7	0.3

Sources: Living Standards Measurement Surveys.

Table C-3b.

Living Standards Measurement Study Older Adult Sample Size and Standard Error by Country and Sex

Country and (year)	Male			Female		
		Weighted			Weighted	
	Unweighted number	Percent of total	Standard error	Unweighted number	Percent of total	Standard error
Ghana (2017)	1,987	42.0	0.7	2,798	58.0	0.7
Kenya (2015–2016)	2,585	46.4	0.7	3,026	53.6	0.7
Namibia (2015–2016)	1,250	41.0	0.9	1,933	59.0	0.9
South Africa (2014–2015)	3,158	40.1	0.5	5,360	59.9	0.5

Sources: Living Standards Measurement Surveys.

Table C-3c.

Living Standards Measurement Study Older Adult Sample Size and Standard Error by Country and Urban/Rural Residence

Country and (year)	Urban			Rural		
		Weighted			Weighted	
	Unweighted number	Percent of total	Standard error	Unweighted number	Percent of total	Standard error
Ghana (2017)	1,565	47.3	0.7	3,220	52.7	0.7
Kenya (2015–2016)	1,494	21.9	0.6	4,117	78.1	0.6
Namibia (2015–2016)	756	30.2	0.8	2,427	69.9	0.8
South Africa (2014–2015)	4,545	64.6	0.5	3,973	35.4	0.5

Sources: Living Standards Measurement Surveys.

Appendix D.

Sources of the Data and Accuracy of the Estimates

This report includes data compiled by the International Programs in the Population Division of the U.S. Census Bureau, from publications and electronic files of national statistical offices, various agencies of the United Nations, and other international organizations (e.g., the Organisation for Economic Co-operation and Development, the European Union, the World Health Organization, and the International Labour Organization). It also includes cross-national information from sources such as the Global Burden of Disease Project and other university-based research projects.

The majority of demographic projections in Chapter 2 come from the International Data Base (IDB), maintained and updated by Census Bureau's Population Division. The Census Bureau has been preparing estimates and projections of the populations of foreign countries since the 1960s. In the 1980s, the Census Bureau released its first comprehensive set of estimates and projections for over 200 countries and areas of the world. Since then, the Census Bureau has routinely updated estimates and projections for countries as new data have become available. Estimates and projections for countries, as well as for regions and the world, are made available to the public through the Census Bureau's IDB, located at <www.census.gov/population/international/data/idb.>

SAMPLING AND NONSAMPLING ERROR

This report also uses census data and survey data (Demographic and Health Survey; Living Standards Measurement Study, Health and Aging in Africa: A Longitudinal Study of an INDEPTH Community in South Africa; Nairobi Urban Health and Demographic Surveillance System). Sampling error occurs when the characteristics of a sample are measured instead of those of the entire population. Note that sample-based estimates will vary depending on the particular sample selected from the population, but all attempt to approximate the actual figures. The estimates from the aforementioned surveys are based on the sample and approximate the actual estimates that would have been obtained by interviewing the entire population using the same methodology. The estimates from those surveys may also differ from estimates based on other survey samples of the population. Measures of the magnitude of sampling error reflect the variation in the estimates over all possible samples that could have been selected from the population using the same sampling, data collection, and processing methods. Estimates of the magnitude of sampling errors are provided in the form of margins of error for selected demographic and socioeconomic estimates included in this report (see Appendix C).

The U.S. Census Bureau recommends that data users incorporate this information into their analyses, as sampling error in survey estimates could impact the conclusions drawn from the results. All comparative statements in this report have undergone statistical testing, and comparisons are significant at the 90 percent confidence level unless noted otherwise.