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Forum

Linking priorities for training, research and policy on ageing in sub-Saharan Africa

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Abstract

This forum raises for debate the issues of training, research and policy on ageing in sub-Saharan Africa. The obstacles to a seamless linkage between these areas are discussed. The forum concludes with recommendations to overcome the obstacles, for consideration by all individuals involved in ageing and health on the sub-continent.

The number of older Africans is increasing due to several demographic changes, as a half century of high fertility and declining mortality lead to significant ageing in place as well as increased life expectancy. The simultaneous effects of urbanization, the AIDS epidemic and development in sub-Saharan Africa combine to alter traditional family and household structures which were (and for the main part still are) the major support systems for older persons. However, changes in these support systems are not matched by a commensurate increase in systemic support. Equally, health-service provision focusses on crisis intervention with little or no provision for the promotion of wellbeing and health. We argue that in this dynamic setting there is an urgent need for training in the major medical, social and rehabilitative disciplines of gerontology. More baseline, longitudinal, interdisciplinary research is needed on sources of support, intergenerational exchanges, caregiving, and causes of morbidity and disability. Such research may serve as a barometer of change, while "in-context" training may lead to the accomplishment of this important task with sound potential impact on policy on ageing.

There is a strong argument in favour of parallel research in both the socio-economic field and the biomedical field, in as much as these fields are inextricably linked (Fillenbaum, 1984). For example, some of the large amount of data accumulated from two multidimensional and sequential cross-sectional community surveys conducted in rural and urban Zimbabwe (Wilson, Adamchak, Nyanguru & Hampson, 1991; Allain, Wilson, Gomo *et al.*, 1997) has indicated that the major contributors to morbidity and disability are linked to loss of financial and community support in elderly Zimbabweans and are predictable and easily remediable. These include impaired vision, dentition, mobility and access to health-care resources. Clearly, low-cost interventions such as cataract surgery, dental prostheses and mobility support, effectively targeted, should improve the wellbeing of older Zimbabweans. It is also not unreasonable to extrapolate the results of these data to the sub-region, if not more generally, for the purpose of generating priorities for training, research and policy.

However, it would appear that a major lag at present is the translation of the results of substantive research into policy. For all their scientific validity and worth, research papers accumulate dust on policy makers' shelves – if they reach the shelves at all. It is well known that dry research reports are not an effective vehicle for the dissemination of information. An area that requires specific investigation and refinement by researchers and policy makers together is that of linking training, research and policy. Appropriate research, linked to "in-context" training, should lead to policy.

Factors that can influence research and policy linkages in sub-Saharan Africa

Regarding linkages between research and policy in sub-Saharan Africa, the first and most important matter is access to training and personal development for specialists in biomedical, rehabilitative and social gerontology. At present, access to high-level training is almost exclusively located outside the continent of Africa. It is suggested that priority attention be given to developing training capacity within sub-Saharan Africa. This capacity building should be developed regionally, around centres where current expertise may be tapped. These centres need to be identified and empowered. A consensus strategy needs to be evolved by the contemporary major players in African gerontology, to identify, target and resource additional training nuclei for development. This should be undertaken in a rolling programme over the next five to ten years. Such a programme would result in considerable local empowerment and enable an emphasis on training to occur appropriately and within context.

A large number of trainees, who by force of circumstance leave sub-Saharan African to obtain higher specialist training in medicine elsewhere, frequently fail to return to their home country, often simply because they have been trained out of

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context. They then pursue more remunerative vocations elsewhere in the developed world. By focussing on capacity building "in context," this "brain drain" can be avoided.

Of equal importance to training is the development of interdisciplinary skills which rely on the implementation of systems and team development, rather than traditional and segregated Western structural models. Systems-based approaches to addressing the challenge of wellbeing have enormous inherent advantages such as team-building, the development of inter-professional linkages, the mixing and cross-fertilization of skills, and the removal of sometimes poorly justified professional barriers. Most importantly, a direct consequence of this approach is the natural implementation of a multidisciplinary approach to problem solving.

"In-context" training and capacity building will inevitably work together to reduce the culture of dependency now emerging in African gerontology – and will assist in the development of a new sense of self-reliance. This dependency culture may be seen to be a consequence of a dearth of local resources – illustrated by the understandable temptation for researchers in Africa to seek funding from external donor agencies, but where there is a covert price to pay. This price may be in the form of mandatory acceptance of external "expertise," often with a loss of local integrity, or, as a condition of support, the imposition of the major donors' agendum. This phenomenon is not new in the scenario of international aid. There is however an opportunity in the field of African gerontology to move away from this "academic poverty trap" through local empowerment. This direction will also steer us away from the often wasteful present state of unco-ordinated *ad hoc*, or piecemeal research.

This caution need not necessarily extend to NGOs which may have an increasingly important role to play in future training, research and policy. Although NGOs display uncertainty regarding their roles and identities, this may be resolved through their increasing readiness to consult with, and to seek assistance from, appropriate specialists in the various disciplines of gerontology. There has also over the past decade been a perceptible and welcome move away from a previous compulsion for them to first address their own internal agenda, towards a genuine commitment to defining, through consultation, the true needs of the target groups.

NGOs are therefore now in a unique position to offer African governments leadership in the areas of policy and service provision, where almost all governments continue to demonstrate a confused and frequently indifferent approach to the challenges posed by the ageing phenomenon. This leadership must be not only strategic but also facilitative. NGOs have the resources to harness the correct expertise and to sensitively provide the leadership that is currently lacking in policy making. They are capable of service in the translation of research outcomes into policy. This extension of their role would serve to complement their more conventional function in the area of policy implementation. However, to influence policy, NGOs must first clearly identify the competencies which they wish to develop and offer. Such developments, which could be linked to training and research initiatives, should result in not only the development of appropriate systems of care for older people but also the promotion and facilitation of local and regional training entities. Underpinning this collaborative vision is an essential requirement for timely and reliable information – which aspects, if we are honest, are not attributes for which Africa has great renown.

At the end of the day, the product of participatory research with an enlightened policy climate will be the effective translation of research outcomes into appropriate policy and reliable implementation of that policy. The loop between training, research and policy will be complete, and this process can be planned and co-ordinated.

By linking ageing and life development issues such as family, pensions, and the medical and rehabilitation context – indeed the whole ecology of ageing in sub-Saharan Africa, the intrinsic strengths of the African way of caring for older people will endure and evolve into a truly holistic model.

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