

10 August 2023

COVID-19, Future Pandemics and the Africa Care Economy Index

By Salimah Valiani

In Africa, the care economy has long been unrecognised. At least since the last major pandemic in Africa, HIV-AIDS, caring work has been severely undervalued in the continent, and the redistribution of caring work, from females in the home and communities, is next to nonexistent. Undoing this structural inequality is crucial to improve health and wellbeing of girls and women in Africa, to be prepared for future pandemics, and to realise Africa's demographic dividend for the benefit of the majority. To achieve this, the Africa Care Economy Index is offered as a policy, advocacy, and accountability tool.

L'économie des soins reste largement ignorée en Afrique où les soins à la personne sont particulièrement sous-évalués depuis, au moins, la dernière grande pandémie en Afrique, le VIH-SIDA, et leur redistribution, des femmes au foyer à la communauté, pratiquement inexistante. Il est essentiel de remédier à cette inégalité structurelle pour améliorer la santé et le bien-être des filles et des femmes en Afrique, se préparer aux futures pandémies et réaliser le dividende démographique de l'Afrique au profit du plus grand nombre. L'indice de l'économie des soins en Afrique, qui offre un cadre d'analyse permettant de concevoir des stratégies, d'influencer les politiques et de mesurer les progrès accomplis, constitue un outil utile à cet égard.

En África, la economía del cuidado lleva mucho tiempo sin reconocimiento. Al menos desde la última gran pandemia en África, el VIH-SIDA, el trabajo de prestación de cuidados ha estado gravemente infravalorado en el continente, y la redistribución de este tipo de trabajo, desde las mujeres en el ámbito doméstico y comunitario, es casi inexistente. Es fundamental deshacer esta desigualdad estructural para mejorar la salud y el bienestar de las niñas y las mujeres de África, para estar preparados frente a futuras pandemias y para conseguir el dividendo demográfico de África en beneficio de la mayoría. Para lograrlo, el Índice de la Economía del Cuidado de África se ha ofrecido como herramienta de política, promoción y rendición de cuentas.

With the exponential rise of illness and death during the global COVID-19 pandemic, discourse about the work of providing care has returned to public policy discussion around the world — but not so much in Africa. This is despite other epidemics that have hit the continent in recent decades, including Ebola and HIV-AIDS.

Meanwhile, the need for care in Africa today is immense, and little is done by States, and in society at large, to recognise, support and respect care. The need, or great demand for care in Africa arises from the following realities:

- the continent boasts the world's highest birth rate, at 4 live births per woman;
- the bulk of food consumed is produced through subsistence farming;
- and the ill and elderly are cared for at home and in communities in contexts of war, violence, and longstanding impoverishment.

Africa has been noted as the world region with the 'most unshared system of care', where over 70 per cent of care is provided by unpaid, individual caregivers in the home and communities. This compares with the 'shared system of care' in Europe, North America, Australia and Japan, and the 'semi-shared system of care' in Latin America and Asia — where the work of caring is shared collectively through public, private and community-run programs and institutions.

In Africa, the vast majority of labour - and emotion-intensive caring work is done by women and girls. This is reflected in the poor health of women in Africa. Some 30 per cent of women around the world are anaemic, for instance, and over half of these women are in Africa. Time poverty of women, as well as girls, is also high. In other words, the time spent on housework, and other caring for humans, by women and girls, compared to by young men and boys, is far greater. This takes away the possibility for girls and women to benefit from education and paid work. The gap of caring work done by women and

girls versus men and boys in Africa ranges from over 16 times more by women and girls in Egypt, 5 times more in Senegal, and almost three times more in South Africa.

The Africa Care Economy Index attempts to draw attention to this reality. Change is crucial to improve the wellbeing of women and girls, as per the 2007 African Feminist Charter, but also, to materialise Africa's demographic dividend into greater collective wealth.

The demographic dividend

The demographic dividend is based on the estimate that by 2100, Africa will have a larger working age population than in all other continents, combined. According to one estimate, by 2100, there will be 2.1 billion people aged 15 to 64 in Africa, while in the rest of the world, there will only be about 2 billion working age people.

Economists assume this will translate to massive future economic growth in Africa. Following from this, they prescribe investment in healthcare and education to strengthen the capabilities of this large potential working population. Nothing is said about the caring work that underpins the effectiveness of healthcare and education to turn young people into productive workers.

Without making the political choice to recognise, respect and support care in the continent, African countries will continue to falter, regardless of the potentials of a growing work force.

Painting a vivid picture of this is the true account featured at the beginning of The Africa Care Economy Index. Though exceptional in some respects, the account rings true of realities throughout the continent and demonstrates that Africa's socioeconomic underperformance will continue if the neglect of care and caregivers is not reversed.

Jane, a licensed massage therapist in Africa travelled overseas to support her country's team in a world competition of mobility impaired sports. On arrival, Jane was given the responsibility of providing medical care — something she was not trained for nor told about in advance. One player, Sylvia, suffered from recurring wounds that needed regular dressing.

Taught from a young age to dress her own wounds by nurses over the years, Sylvia gave tips to Jane on what to do. Attempting to learn fast on the job and under pressure to assist several players, Jane supplemented Sylvia's tips by watching youtube videos.

Sylvia lost a limb after enduring a burn by boiling water as an infant. Daughter of a single working mother who lacked funds for a child minder, Sylvia was in the care of two other children when the accident happened. The details of how the burn occurred were never known.

On returning from the competition, overwhelmed by the trying experience, Jane cried for two days. Sylvia's remaining limb was amputated as it came to be understood that the recurring infections were due to tissue that had never healed after the burn. After the amputation, Sylvia felt liberated, though she never played for the national team again.

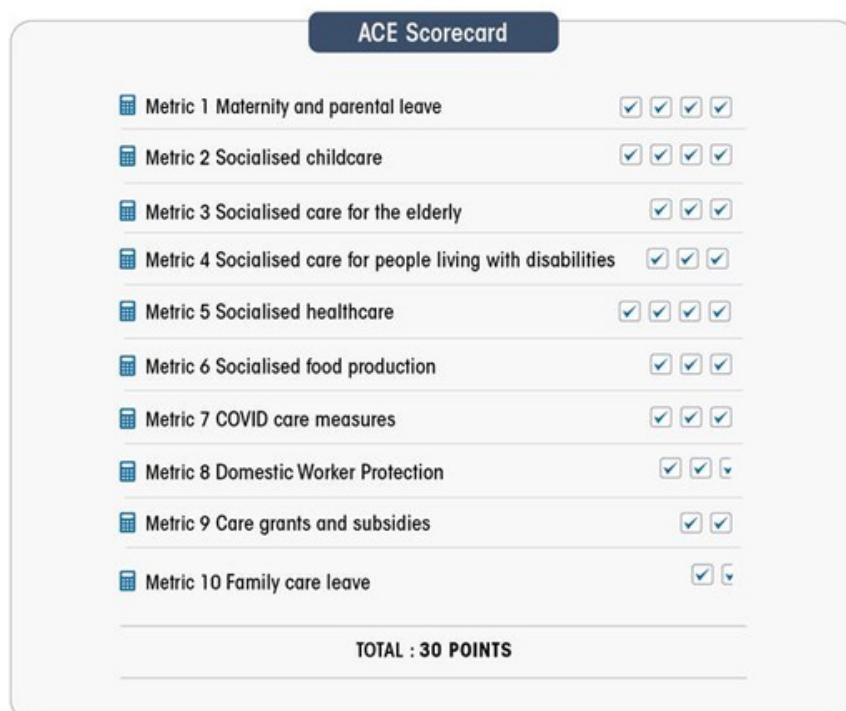
The Africa Care Economy Index

The Africa Care Economy (ACE) Index evaluates each of the 54 States of the continent in terms of how well they recognise and support caring work through legislation, policy, and public spending. Ten categories, or metrics are used. Each metric represents a different aspect of the care economy. Legislation, policy, or/and public spending related to each metric are analysed to determine how well, or how poorly, African States recognise and support care.

Each metric is worth between 1.5 and 4 points (see the check marks in the figure), depending on its significance and importance in the African context. Countries are graded on a total of 30 points. Full points in a metric mean that for that category of care, a country has comprehensive and inclusive legislation, or acceptable public spending.

The passing grade in the ACE Index is 18/30, or full points in the first six metrics:

1. maternity/parental leave
2. socialised childcare
3. socialised care for the elderly
4. socialised care for people with disabilities
5. socialised healthcare
6. socialised food production.



Socialised care is care that is publicly financed and provided, in non-profit models, covering all who need care, regardless of income level. Using examples from around the world, the Index shows how socialised care outdoes private, paid care in terms of quality, as well as training and respect for caregivers.

A country that attains the passing grade of 18/30 is one that has in place the basic minimum legislation and public spending to make for a healthy population ready and able to take on the numerous, historical challenges of development in Africa.

Full points in the first six metrics (18/30) also mean that a country is ready to face the future pandemics that are predicted for Africa, and the world, due to the ecological destruction that has intensified over the last 70 years.

ACE Index Results

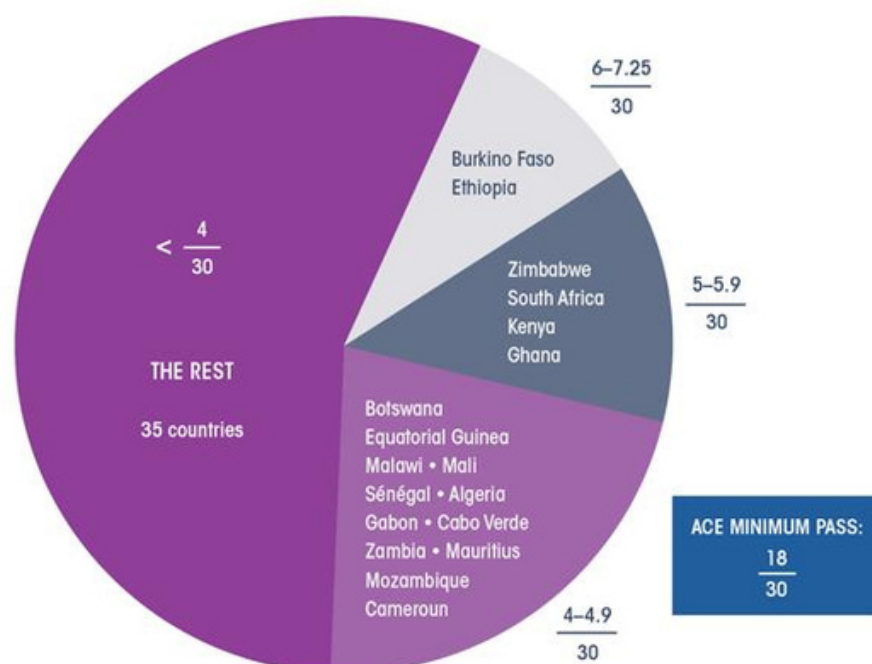
All countries in the continent figure extremely low, scoring less than half of the passing grade. Only six countries score a total of more than five points out of 30. The rest, or 47 countries for which there is

sufficient data, score 4.9 or less out of 30. This includes oil rich Nigeria, the continent's largest economy, with a score of 0.9/30. Other mineral rich countries score only slightly better: Botswana (4.9), Gabon (4.5) and Mozambique (4.05).

What is to be done?

The ACE Index results are not altogether surprising, but shocking all the same. Given the breadth of Africa and its multiplicity of political, geographic, and social characteristics, in-depth, country-specific research is needed to begin undoing the neglect of care and caregivers in the continent.

For each metric, the Index identifies key questions for policy research, organising, and change, underlining that the forms of socialised care in African countries must be discussed and debated among each country's multiplicity of peoples. Rather than a top down process geared towards emulating models of care in rich countries, socialised care in Africa must be defined at the grassroots, as part of a larger process of democratising and decolonising economies.



For example, socialised elder care in African countries will surely look different than the institutionalised care typical in Europe and North America — a form of care which COVID-19 has exposed as questionable even for Europe and North America.

The culturally and socially appropriate forms of socialised elder care, childcare, and other care in Africa are for each African society to define, with the goal of alleviating the weight of caring work from the shoulders of unpaid, unrecognised, predominantly female caregivers. Far from a concern of women alone, this is a collective concern around which in Africa, and beyond, must engage. A first step is to read [The Africa Care Economy Index](#), and spread its word(s).

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