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Letter to the Editor

Systemic barriers to geriatric care in South Africa: a qualitative stakeholder-informed analysis☆

Population ageing is one of the most important public health transitions of the twenty-first century. By 2050, the number of people aged 60 years and older is expected to double to 2.1 billion globally, while those aged 80 years and older are projected to triple between 2020 and 2050 [1]. South Africa follows this trend, with rising life expectancy and a growing proportion of older adults placing additional demands on health and social care systems [2]. Despite these changes, health services remain predominantly disease-focused and insufficiently equipped to address frailty, multimorbidity, and the psychosocial complexities of ageing.

This study was undertaken through the International Association of Gerontology and Geriatrics (IAGG) AFMEE e-TRIGGER programme and sought to explore systemic barriers affecting geriatric care delivery in South Africa [3]. Through qualitative interviews with national leaders in geriatric medicine, nursing, gerontology, family medicine, social care, and residential care services, the study examined experiences and perceptions of care delivery for older adults.

A qualitative exploratory design used semi-structured interviews with leaders from the public and private sectors. Discussions focused on healthcare delivery, policy implementation, funding, workforce development, infrastructure, and priorities for reform. Thematic analysis identified four interconnected domains influencing geriatric care: healthcare systems, policy, funding, and training (Table 1).

Healthcare systems: Leaders described healthcare systems as predominantly reactive and oriented towards acute disease management rather than comprehensive, person-centred care. Preventive, rehabilitative, psychosocial, mental health, and palliative services were frequently reported as fragmented or inaccessible. Barriers included overcrowded clinics, prolonged waiting times, limited psychogeriatric services, inadequate cognitive assessment pathways, fragmented referral systems, and geographical inequities between urban and rural settings. Clinical environments were often insufficiently age-friendly and poorly adapted to sensory impairment, frailty, mobility limitations, and complex care needs.

Policy: Policy-related challenges were a major theme. Although progressive legislative frameworks exist in South Africa through the Older Persons Act 13 of 2006 [4] and the National Health Act 61 of 2003 [5], leaders consistently reported gaps between policy intent and implementation. The first recognises the rights and dignity of older persons, the second those of health care users and provides for co-operative governance, which in practice remains fragmented and weakly accountable. The Department of Health and the Department of Social Development were viewed as contributing to duplicated services and variable implementation across provinces and communities. Ageing-related priorities often lacked political visibility and operational leadership.

Ageism was identified as a pervasive structural barrier influencing healthcare access, resource allocation, and quality of care. The World Health Organization identifies ageism as a major determinant of poorer health outcomes, reduced access to care, and lower quality of life [6]. Functional decline, loneliness, and dependency were often perceived as inevitable consequences of ageing rather than preventable conditions. The United Nations Decade of Healthy Ageing (2021–2030) advocates a rights-based approach emphasising integrated care, age-friendly environments, and stronger long-term care systems [6].

Funding: Funding constraints were regarded as a critical determinant of service quality. Leaders emphasised that effective geriatric care requires multidisciplinary, coordinated, and time-intensive approaches, such as Comprehensive Geriatric Assessment, for which dedicated funding remains limited. Older adults were frequently described as financially vulnerable and dependent on social grants, family support, or both. Concerns were raised regarding oversight and stewardship of social pension resources, with leaders reporting that financial exploitation, neglect, and inadequate monitoring can affect wellbeing and access to care.

Training: Workforce development was one of the most urgent concerns. Leaders highlighted the severe shortage of trained geriatric professionals and the limited availability of specialist geriatric services across the country. These constraints are not unique to South Africa: a World Health Organization survey of 48 national geriatrics and gerontology societies reported geriatrician density ranging from fewer than 0.1 to more than 30 per 100,000 older people, with minimal geriatric content in medical training [7]. The lack of undergraduate and postgraduate geriatric curricula leaves little emphasis on frailty, polypharmacy, cognitive disorders, psychogeriatrics, functional assessment, and person-centred care. Many healthcare professionals therefore enter practice unprepared for the complex needs of older adults.

This stakeholder-informed analysis shows that barriers to geriatric care in South Africa are interconnected and systemic. Deficiencies in governance, funding, workforce development, infrastructure, and service integration reinforce one another and undermine equitable access to quality care, and addressing them will require coordinated systems-level reform. Alignment with the World Health Organization Healthy Ageing framework offers an opportunity to strengthen person-centred care, preserve functional ability, and promote dignity in later life by changing how society thinks, feels, and acts about age. Regional capacity building in the Caribbean [8] and national screening of intrinsic capacity in Cameroon [9] show that the Integrated Care for Older People approach can work in settings like ours. All the stakeholders, especially those with specific responsibilities, should advocate for changes in

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Table 1
Domains of stakeholder-reported barriers and their system-level implications.

Domain	System-level implication
Healthcare systems	Integrated, person-centred, age-friendly service pathways that include prevention, rehabilitation, cognitive assessment, referral coordination, and rural access.
Policy	Clear operational leadership, governance alignment, accountability mechanisms, and implementation support for ageing-related priorities.
Funding	Dedicated funding streams for coordinated geriatric care, including Comprehensive Geriatric Assessment, and stronger stewardship of resources affecting older adults.
Training	Expanded geriatric training across health and social care professions, with emphasis on frailty, cognition, functional assessment, psychogeriatrics, and person-centred care.

healthcare systems, policy, funding, and training to meet South Africa's rapidly ageing population.

Ethical standards statement

This qualitative study was conducted in accordance with the ethical principles of the Declaration of Helsinki. All participants provided informed consent. Confidentiality, anonymity, and respectful representation of participants' perspectives were maintained throughout the study.

Declaration of generative AI and AI-assisted technologies in the manuscript preparation process

During the preparation of this work, the authors used ChatGPT for collating the Leaders' summary reports. The author(s) reviewed and edited the output as needed and take full responsibility for the content of the published article.

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CRediT authorship contribution statement

Linda Mayer: Writing – original draft. **Tersia Ellis:** Writing – review & editing. **Rebecca Foxton:** Writing – review & editing. **Dhanalutchmee Govender:** Writing – review & editing. **Wanda Serena Pettersson:** Writing – review & editing. **Kathryn Stinson:** Writing – review & editing. **Janette Strauss:** Writing – review & editing. **Jeanne Uys:** Writing – review & editing.

Declaration of competing interest

The authors declare no conflicts of interest. The International Association of Gerontology and Geriatrics (IAGG), its leaders, and the authors have no financial or non-financial conflicts of interest related to this work.

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